

**M A N A G E D
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T R A C K I N G
S Y S T E M**

SAMHSA

**STATE PROFILES, 1999, ON
PUBLIC SECTOR MANAGED
BEHAVIORAL HEALTH CARE**



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES
Substance Abuse and
Mental Health Services
Administration

Produced for the
Substance Abuse and Mental Health
Services Administration
(SAMHSA)
May 2000

Acknowledgments

This report was prepared by The Lewin Group under contract with the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Managed Care. We appreciate the contribution of many individuals, inside and outside of The Lewin Group, without which we would not have been able to produce this report.

In particular, we wish to recognize the directors of and staff from all Medicaid agencies in the 50 States and the District of Columbia, State Mental Health Authorities and State Alcohol and Drug Abuse Agencies. The directors and their staff spent countless hours verifying program information, forwarding background materials to Lewin, and participating in sometimes lengthy telephone conversations to answer specific questions about their programs.

We would also like to acknowledge individuals in SAMHSA who provided commentary on this document. Rita Vandivort, our co-project officer, provided invaluable support and assistance with all phases of this report. We wish to thank her for her expertise and sound judgements concerning the depiction of managed behavioral health care programs in the States. Terry Cline, Consultant, Center for Mental Health Services, put forth an enormous effort in reviewing the document and providing insightful comments. We would also like to thank Eric Goplerud, Associate Administrator for the Office of Managed Care (SAMHSA), for his leadership in developing the original State profile reports and the SAMHSA Managed Care Tracking System. Other individuals at SAMHSA who provided useful comments were: Joan Dilonardo, Center for Substance Abuse Treatment, Jeff Buck, Center for Mental Health Services, and Stephanie Wright, SAMHSA Office of Managed Care.

Gail Toff Bergman provided countless hours reviewing information prepared for the document, assisted staff in understanding the design of State managed care systems, and gave guidance on the development of this report. Stacey Bush did a masterful job coordinating staff and the multiple tasks necessary to complete this document. She also spent numerous hours reviewing, editing, verifying, and analyzing information. Gail K. Robinson was most generous in providing her time and insights, and reviewing State narratives. Her sharp editorial eye and commentary contributed to the quality of the final report. We would also like to recognize other Lewin staff who contributed to the report: John Papay for his skillful management of the database; Traci Tunkelrott and John Kim for database design; Julia Karp for her research and editorial support; and Kathy Trzeciak for her assistance during data collection and production phases of this report.

We will also like to thank members of our Stakeholder Council and their organizations for helping us establish the infrastructure necessary to complete this report.

The opinions expressed in this document are the views of the authors and do not necessarily reflect the official position of the SAMHSA, the Health Care Financing Administration, the U.S. Department of Health and Human Services, or any corporate position of The Lewin Group or its parent company Quintiles Transnational Corp.

The Department of Health and Human Services has reviewed and approved policy-related information in this document but has not verified the accuracy of data or analysis presented in the document.

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Section I. Executive Summary

The information contained in this report was collected by The Lewin Group on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) Managed Care Tracking System from January through July 1999. This is the second of three annual reports, which describe public sector managed behavioral health care programs in the 50 States and the District of Columbia. A key objective of the SAMHSA Tracking System is to provide detailed information on how managed behavioral health care systems are affecting the organization, administration, financing, and delivery of public sector mental health and substance abuse services.

The Lewin Group staff developed a standard form to characterize a State's managed behavioral health care program(s). The Lewin Group staff completed each form using 1998 State tracking data, supplemented by data from other secondary sources, including the Health Care Financing Administration, the Kaiser Commission on Medicaid, and recent State reports and studies on managed behavioral health care. Completed forms were sent to a State's Medicaid Director, Mental Health Commissioner, and Alcohol and Other Drug Director, as well as staff in those agencies, to verify, correct, and update the information.

Key Findings

Prevalence of Behavioral Health Programs

- The number of States with public sector managed behavioral health care programs has tripled in three years. In 1996, 14 States implemented managed care programs. By 1999, 42 States (including the District of Columbia) operated some form of managed behavioral health care. In 1999, two States (Montana and North Carolina) terminated their managed behavioral health care programs and reverted to fee-for-service systems.
- The organization, financing, and structure of each State's managed behavioral health care program(s) varies tremendously. Some are comprehensive, covering multiple populations or areas across the State; some are limited to certain populations or one county or region; and some are risk-based, while others

remain fee-for-service through administrative service-only contracts.

Purchasing and Contracting Arrangements

- While Medicaid agencies most often serve as the primary purchaser for managed behavioral health care programs, State mental health and substance abuse authorities work in collaboration with Medicaid agencies, particularly for carve-out programs. Medicaid agencies act as the purchaser in 93 percent of States with integrated programs, compared with 69 percent of States with carve-outs.
- Integrated programs most often contract with private sector managed care organizations. Of 30 States with integrated programs, 93 percent contract with private entities, primarily health maintenance organizations. Public sector managed care organizations are more prevalent in carve-out programs. Of the 29 States with carve-outs, 59 percent contract with a public entity, primarily county or local governments and community mental health centers. Counties dominate among all types of public sector contractors, regardless of model.
- Ten States (24 percent) have administrative services only (ASO) contracts with private organizations to operate managed care programs with no clinical responsibilities or financial risk.

Financing

- Medicaid is the largest source of funding for public managed behavioral health care programs. Ninety-eight percent of all States with managed behavioral health care programs use Medicaid to either fully or partially fund their programs. Medicaid finances integrated programs almost exclusively. In contrast, carve-outs are much more likely to include a combination of Medicaid and Non-Medicaid funding.
- Thirty-seven States (88 percent of States with managed care) contract with a managed care organization on a capitated basis for at least one of their programs. The next most common payment arrangement consists of fixed fees (12 States) and fee-for-service (10 States). ASO contracts account for seven of the 12 States using fixed fees. In contrast to managed

care organizations, providers are predominantly paid on a fee-for-service basis (34 States).

Trends in Services

- Carve-out programs are more likely to cover specialty services (i.e., residential, rehabilitation, support, and consumer-run services), while integrated programs are more likely to cover pharmacy services.

Populations Covered

- Contrary to earlier findings, SSI (Supplemental Security Income) populations are required to enroll in more than half of the managed care programs providing behavioral health services. Of the 71 Medicaid programs in 41 States, 66 percent have mandatory enrollment for TANF (Temporary Assistance to Needy Families) populations and 51 percent have mandatory enrollment for SSI.

Section II. Introduction and Methodology

The information contained in this report was collected by The Lewin Group on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA) Managed Care Tracking System from January through July 1999. This is the second of three annual reports, which describe public sector managed behavioral health care programs in the 50 States and the District of Columbia. A key objective of the SAMHSA Tracking System is to provide detailed information on how managed behavioral health care systems are affecting the organization, administration, financing, and delivery of public sector mental health and substance abuse services.

The Lewin Group staff developed a standard form to characterize a State's managed behavioral health care program(s). Each form was completed by using 1998 State tracking data, supplemented by data from other secondary sources, including the Health Care Financing Administration, the Kaiser Commission on Medicaid, and recent State reports and studies on managed behavioral health care. Completed forms were sent to a State's Medicaid Director, Mental Health Commissioner, and Alcohol and Other Drug Director, as well as staff in those agencies, to verify, correct, and update the information.

Medicaid, a significant funding source for public mental health services, has changed from virtually a fee-for-service system to one dominated by managed care. The Medicaid managed care population has nearly quadrupled over the past five years, growing from 4.8 million enrollees in 1993 to 16.6 million in 1998.¹ The role of Medicaid agencies has changed significantly under a managed care system. Where States once had direct funding and management responsibilities, they now function as purchasers, often relinquishing the direct oversight responsibility to managed care organizations (MCOs) and behavioral health managed care organizations (BHMCOs).

State Mental Health Authorities (SMHAs) have responsibility for providing mental health services to indigent individuals. SMHAs operate State hospitals for inpatient care and contract with counties or community mental health centers to operate their community-based

programs. Beyond this general description, almost every aspect of State mental health operations, including their role in managed care, varies greatly by State.² For example, States organize and fund community care differently, largely determining the structure of non-Medicaid managed behavioral health care programs. Two general models exist: (1) SMHAs fund or contract with counties or county-based organizations, or (2) SMHAs fund or contract with nonprofit agencies such as community mental health centers (CMHCs) to manage or provide local services.

The State Alcohol and Other Drug (AOD) Agencies are responsible for the allocation and utilization of Federal and State monies specifically targeted for alcohol and other drug treatment and prevention services. Some States are now beginning to implement managed care for substance abuse. State AOD Agencies receive about one-third of their funding from the Substance Abuse Prevention and Treatment Block Grant that has many Federal set-asides and requirements. While these Federal requirements do not prohibit managed care, in the past they have made it less likely that substance abuse would be added to an individual State's managed care mix. This is now changing as States are beginning to move all of their public health services in the same direction that Medicaid has moved. State Alcohol and Drug Abuse Authorities work closely with the State Medicaid Agency to provide authorized services.³

A. Methodology

Each State profile contains two sets of information: general State characteristics and population statistics, and program specific information. Our data collection strategy on each set is described below.

¹ *National Summary of State Medicaid Managed Care Programs. Program Descriptions as of June 30, 1998.* Health Care Financing Administration.

² State and County Agencies, Ohio Department of Mental Health (unpublished document supplied to The Lewin Group). Michael F. Hogan, Ph.D. 1998.

³ *State Resources and Services Related to Alcohol and Other Drug Problems for Fiscal Year 1996 and 1997: An Analysis of State Alcohol and Drug Abuse Profile Data.* National Association of State Alcohol and Drug Abuse Directors, Inc. July 1999.

I. General State Characteristics

Information provided in the State characteristics section is drawn from several sources (see appendix A), including the Health Care Financing Administration, the U.S. Census Bureau, the National Association of State Mental Health Program Directors Research Institute, the Center for Mental Health Services, and the National Household Survey on Drug Abuse.

Population-based characteristics are ranked by percentage of total State population from the greatest percentage to the least. For example, Hawaii has the highest percentage of Asian population despite having a smaller absolute number of Asian Americans than a much larger State such as California. Population figures for individuals with serious mental illness (SMI) and serious emotional disturbances (SED) were derived from national prevalence estimates applied to State populations. Estimates in the *Federal Register* provided the basis for SMI population figures. As recommended in the recent Surgeon General's report on mental health, we calculated the State-by-State SED populations by applying a national prevalence estimate of 5 percent of children to State population figures for individuals age 9 to 17 taken from "Mental Health, United States."

2. Program-Specific Information

To be included in this study, a State managed behavioral health care program had to meet the following criteria:

- Include some level of mental health or substance abuse care that is delivered through an entity placed at some type of financial risk, or use managed care technologies (i.e., ASO programs and managed fee-for-service programs).
- Be administered by the Medicaid agency, the State Mental Health Authority, or the State Substance Abuse Authority.

The Lewin Group staff developed a standard form to characterize a State's managed behavioral health care program(s). The Lewin Group staff completed each form using 1998 State tracking data, supplemented by data from other secondary sources, including the Health Care Financing Administration, the Kaiser Commission on Medicaid, and recent State reports and studies on managed behavioral healthcare. Completed forms were sent to a State's Medicaid Director, Mental Health Commissioner, and Alcohol and Other Drug Director, as

well as staff in those agencies, to verify, correct, and update the information.

State data and forms are stored electronically in the SAMHSA Tracking database (MS Access). This database converts information from a qualitative to a quantitative format. The database was used to complete the National Summary Findings.

B. Study Limitations and Caveats

Limitations

Information is not consistent between States or programs because the nature of our data collection process (see methodology section) is driven by the type and amount of information provided by each respondent. The breadth and accuracy of the data is subject to the knowledge of and interpretation by the respondent. In some cases, responses were incomplete or missing. To the extent possible, The Lewin Group followed up by telephone. In circumstances where responses were inconsistent among the different agencies in a particular State, the data from the agency with primary responsibility for administering the program was used.

Comparisons between 1998 to 1999 data could not be constructed due to changes in the baseline data, changes in the units of analysis from year to year, and refinement in the definition of managed care programs. Findings from a sample comparison suggest that any differences between years are artificial and come from the differences noted above.

Several comparative analyses were conducted (such as indicated differences between integrated versus carve-out programs) in this report; however, statistical significance was not tested to determine if variations observed were in fact due to the inherent characteristics of a particular data element.

Caveats

The numbers of States reported in the National Summary of Findings often sums to more than 51 States (50 States and the District of Columbia). This is due to the fact that 23 of the 42 States operate more than one managed care program for behavioral health. Furthermore, some findings do not reflect mutually exclusive categories, allowing some programs to meet more than one of the criteria.

We recognize that the terminology used throughout this report is specific to the behavioral health and managed care fields. Please refer to the attached glossary in Appendix B for definitions of the terms and acronyms used in this document.

While the State data sheets refer to “stand-alone” programs, this category has been collapsed into the “carve-out” category for analysis purposes.

C. Organization of Report

The remainder of this report is divided among four sections: Section III, National Summary Findings; Section IV, State Keys and Tables; Section V, General State Characteristics, State Profiles, and Program-Specific Information; and Section VI, Appendices. Each section is described below:

Section III: National Summary Findings

This section of the report includes a national synthesis of State-level findings.

Section IV: State Keys and Tables

This section provides keys listing specific States included in the summary findings and tables with program by program information.

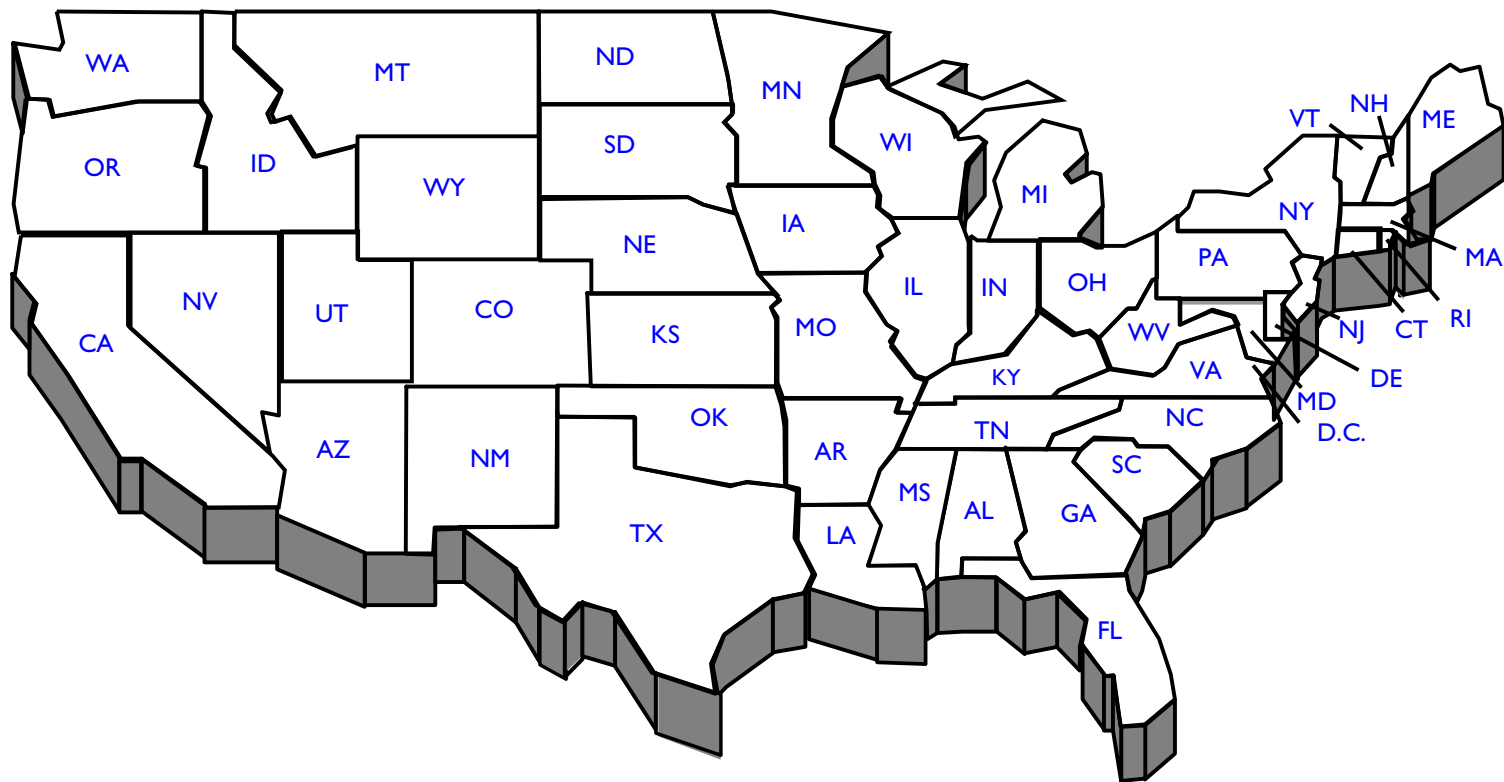
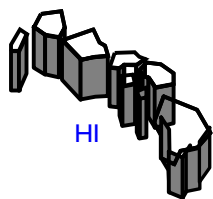
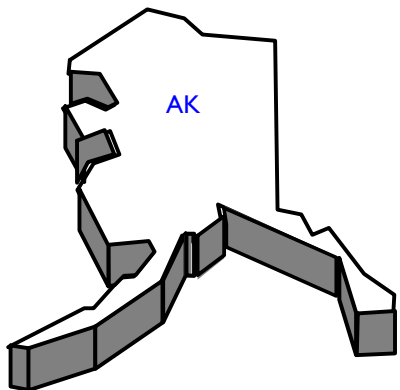
Section V: General State Characteristics, State Profiles, and Program-Specific Information.

This section includes three components:

1. State Characteristics, with information on insurance coverage, persons below poverty level, and mental health and substance abuse expenditures.
2. State Profiles, including an overall summary of the managed behavioral health system as well as a description of how Medicaid, public mental health, and substance abuse services are organized and delivered, if not included in the managed care system.
3. Program Data Sheets, with information on (1) Administration and Financing, (2) Purchasers and Contractors, (3) Providers, (4) Medicaid and Non-Medicaid Populations, and (5) Mental Health and Substance Abuse Services.

Section VI: Appendices

Two appendices are provided. Appendix A is Data Sources for SAMHSA State Characteristics. Appendix B is a glossary providing detailed definitions of all terms used in the report.



Section III. National Summary Findings

State Update

Number of States With Public Sector Managed Behavioral Health Care Programs Triples in 3 Years

- In 1996, 14 States implemented managed care programs. By 1999, 42 States (including the District of Columbia) operated some form of managed behavioral health care. In 1999, two States (Montana and North Carolina) terminated their managed behavioral health care programs and reverted to fee-for-service systems.
- Of the States that operate Medicaid managed care programs, 20 have 1915(b) waivers, 16 have 1115 waivers, and 14 operate nonwaiver Medicaid programs. Twelve States have non-Medicaid managed care programs.
- Twenty-three States operate multiple managed behavioral health care programs.
- The organization, financing, and structure of each State's managed behavioral health program(s) varies tremendously. Some are comprehensive, covering multiple populations or areas across the State; some

are limited to certain populations or one county or region; and some are risk-based, while others remain fee-for-service through administrative service-only contracts.

Managed Care Models

The States Are Evenly Split Between Integrated and Carve-Out Programs

- The majority of the 29 States with carve-out programs place both mental health and substance abuse in the same carve-out. Sixteen of these 29 States have such programs (AZ, CT, FL, GA, IA, IN, KY, MD, MI, NE, PA, TN, TX, VT, WV, WI). Mental health-specific carve-outs are next most common; ten of the 29 States have such programs (AR, CA, CO, FL, NH, NY, OH, OR, UT, WA). Carve-out programs specific to substance abuse are being implemented less often; only six of the 29 States operate such programs (CO, ID, MN, MO, NY, SC).

Exhibit 1: Status of Managed Behavioral Health Care Programs in 50 States and the District of Columbia, Medicaid and Non-Medicaid, 1999

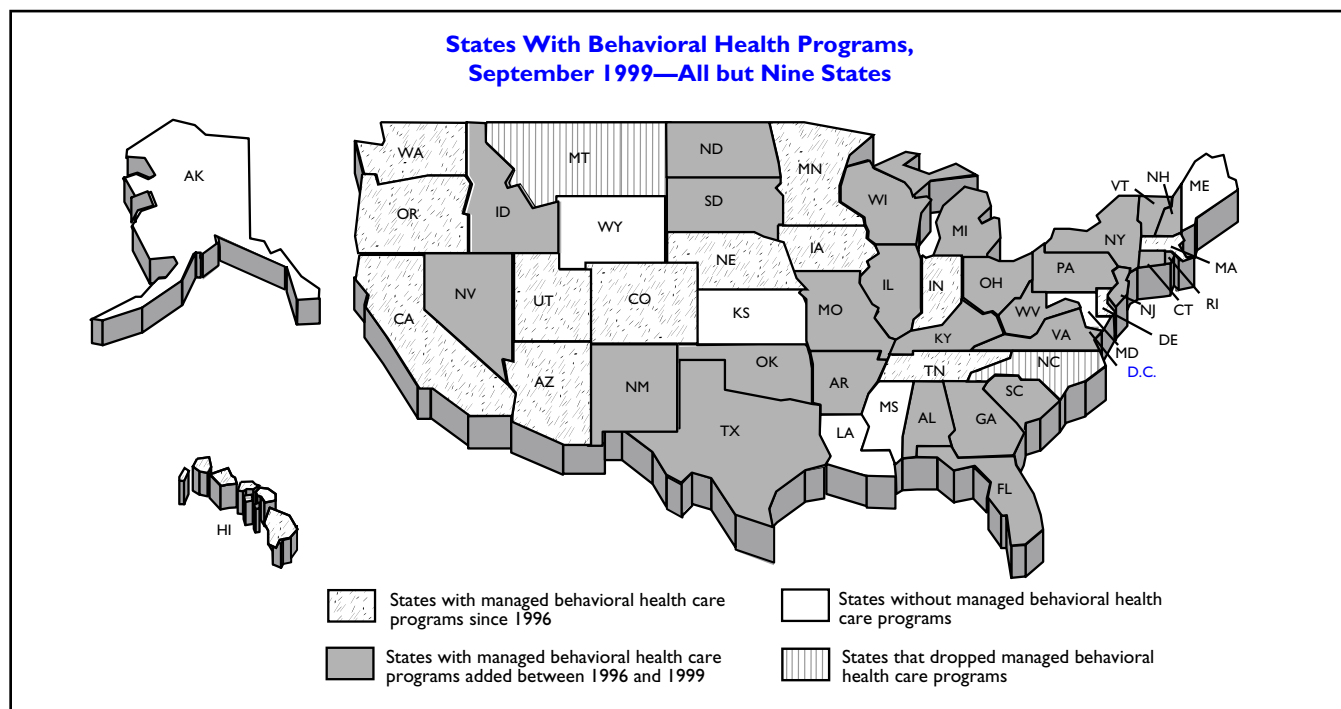


Exhibit 2: States with Integrated, Full Carve-Out, and Partial Carve-Out Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999

Type of Approach	Number of States	Representative States
Integrated	30	AL, AZ, CA, CT, DC, IL, IN, KY, MA, MD, MI, MN, MO, ND, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, VA, VT, WA, WI
Carve-Out	29	AZ, AR, CA, CO, CT, FL, GA, IA, ID, IN, KY, MD, MI, MN, MO, NE, NH, NY, OH, OR, PA, SC, TN, TX, UT, VT, WA, WI, WV
Partial Carve-Out	3	DE, HI, NY

Funding

Medicaid Is the Key Funding Source for Managed Behavioral Health Care Programs

- Medicaid is the largest source of funding for public managed behavioral health care programs. Ninety-eight percent of all States with managed behavioral

health care programs use Medicaid to either fully or partially fund their programs.

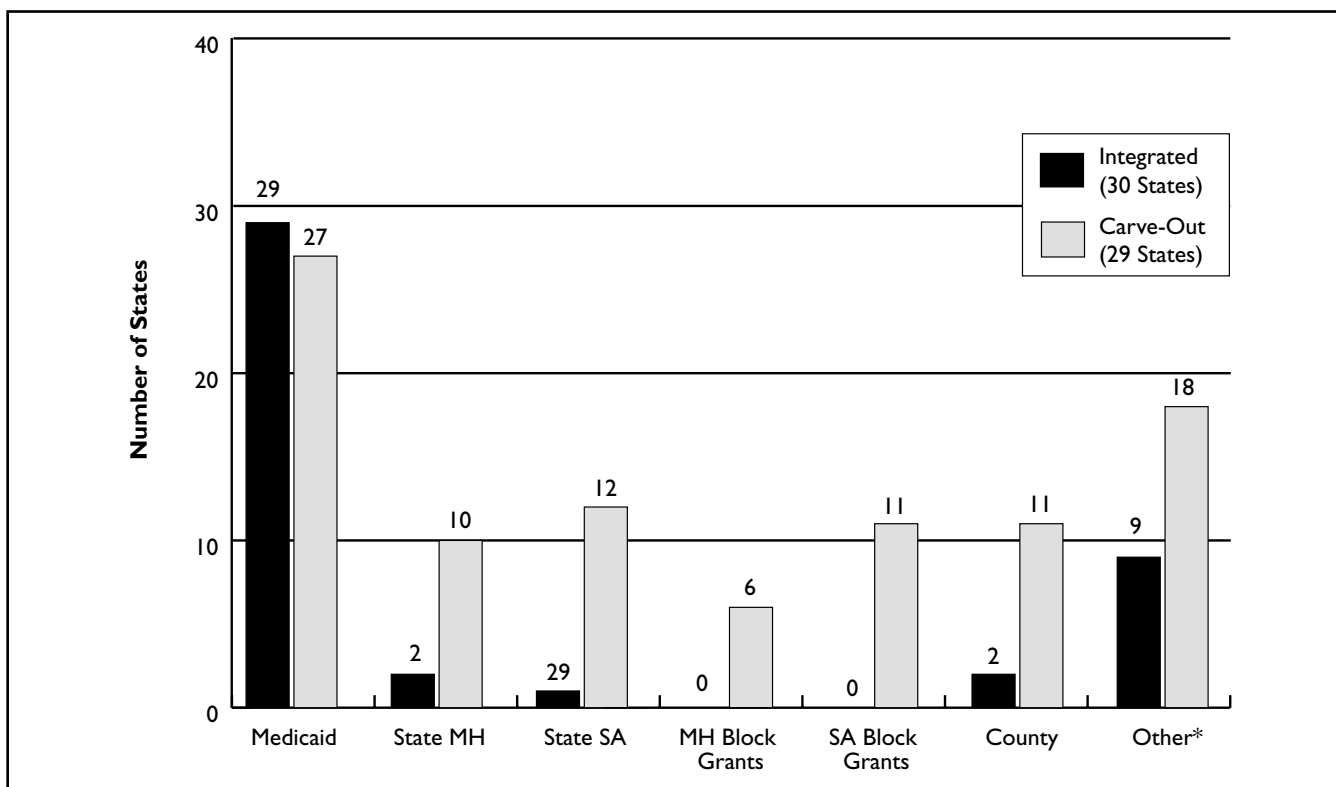
- Medicaid finances integrated programs almost exclusively. In contrast, carve-outs are much more likely to include a combination of Medicaid and non-Medicaid funding. Carve-out programs are also supported by State substance abuse funds (41 percent of States with carve-outs), substance abuse block grants (38 percent), county funds (38 percent), State mental health funds (34 percent), and mental health block grants (21 percent).

Purchasing Agencies

Medicaid Agencies Are Most Often Purchasers of Managed Care Programs, Particularly for Integrated Models

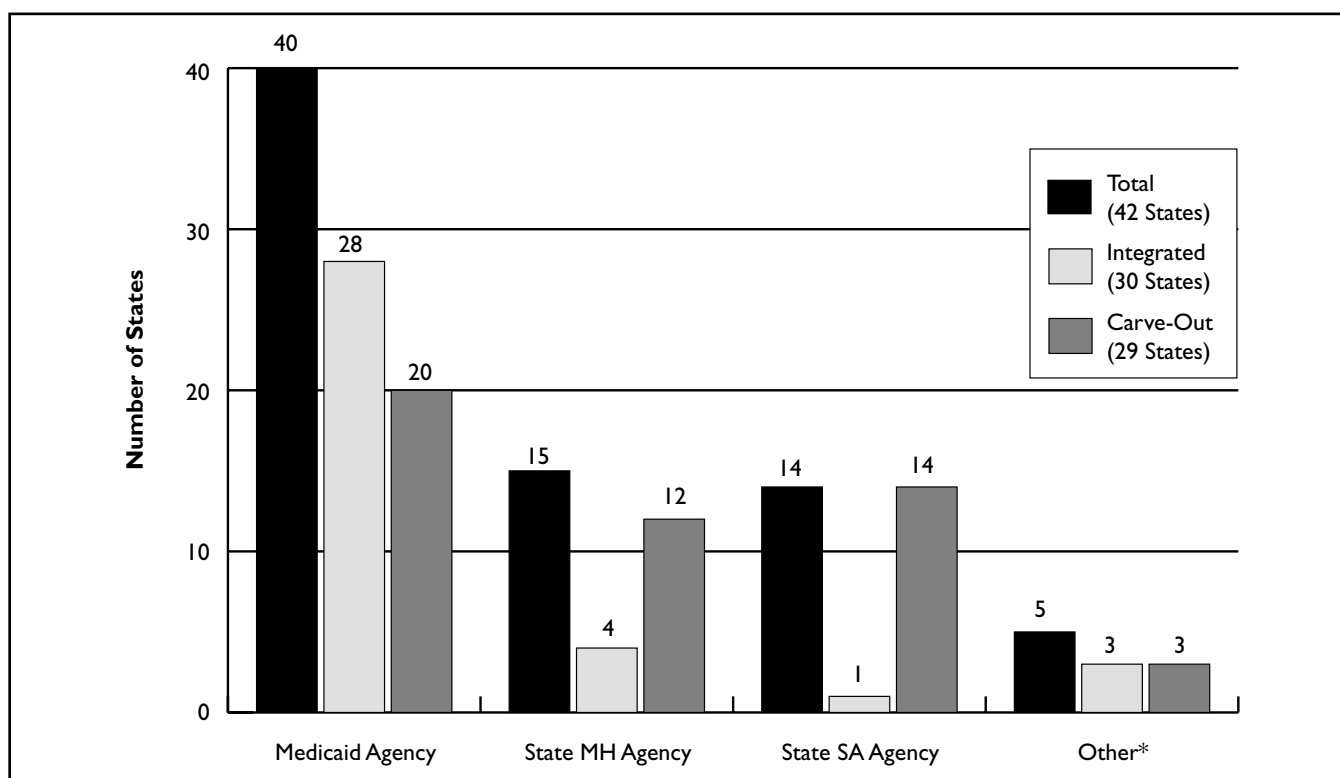
- The Medicaid agency acts as the purchaser in 95 percent of States with managed behavioral health care.
- While Medicaid agencies most often serve as the primary purchaser for these programs, State mental health and substance abuse authorities work in collaboration with Medicaid agencies, particularly for

Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999



*Other funding sources include child welfare, corrections, general revenues, Medicare, etc.

Exhibit 4: State Agency Acting as Purchaser for Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999



*Other funding sources include child welfare, corrections, general revenues, Medicare, etc.

carve-out programs. Of the 71 Medicaid managed behavioral health care programs, the Medicaid agency acts as the sole purchaser for 51 programs; collaborates with the mental health, substance abuse, or other State agencies in 12 programs; and transfers purchasing authority to another State agency or to local governments in 8 programs.

- The purchasing role of mental health and substance abuse agencies largely depends on whether the program operates as an integrated or carve-out model. Medicaid agencies act as the purchaser in 93 percent of States with integrated programs, compared with 69 percent of States with carve-outs.

Contractors / Managed Care Organizations

Private Sector Dominates Integrated Market, While Public Sector Maintains a Strong Presence in Carve-Outs

- Thirty-eight States contract with private entities, 19 contract with public organizations, and 9 participate in joint ventures between public and private sector organizations.

- Integrated programs most often contract with private sector managed care organizations. Of 30 States with integrated programs, 93 percent contract with private entities, primarily health maintenance organizations.
- Public sector managed care organizations are more prevalent in carve-out programs. Of the 29 States with carve-outs, 59 percent contract with a public entity, primarily county or local governments and community mental health centers.

Types of Contractors / Managed Care Organizations

Counties Dominate Among All Types of Public Sector Contractors, Regardless of Model

- Use of Public Contractors: Of 17 States that use public sector contractors for carve-out programs, 9 use county or local government agencies, 4 use community mental health centers (CMHCs), 2 use community substance abuse providers, and 5 use other contractors. Of the 6 States with integrated programs that use public contractors, 3 contract with only

Exhibit 5: Managed Care Organizations for Public Sector Managed Behavioral Health Care Programs, Integrated Versus Carve-Out Models, Medicaid and Non-Medicaid, 1999

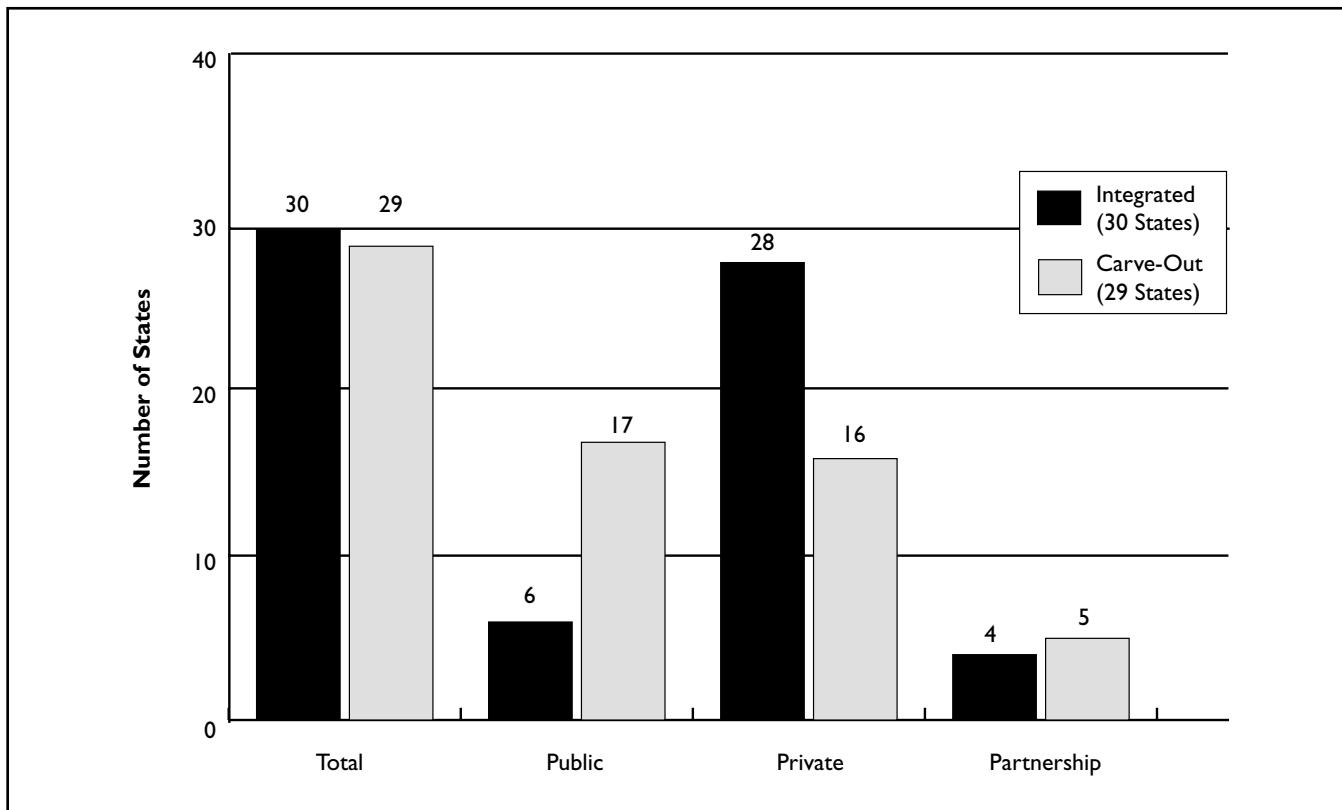
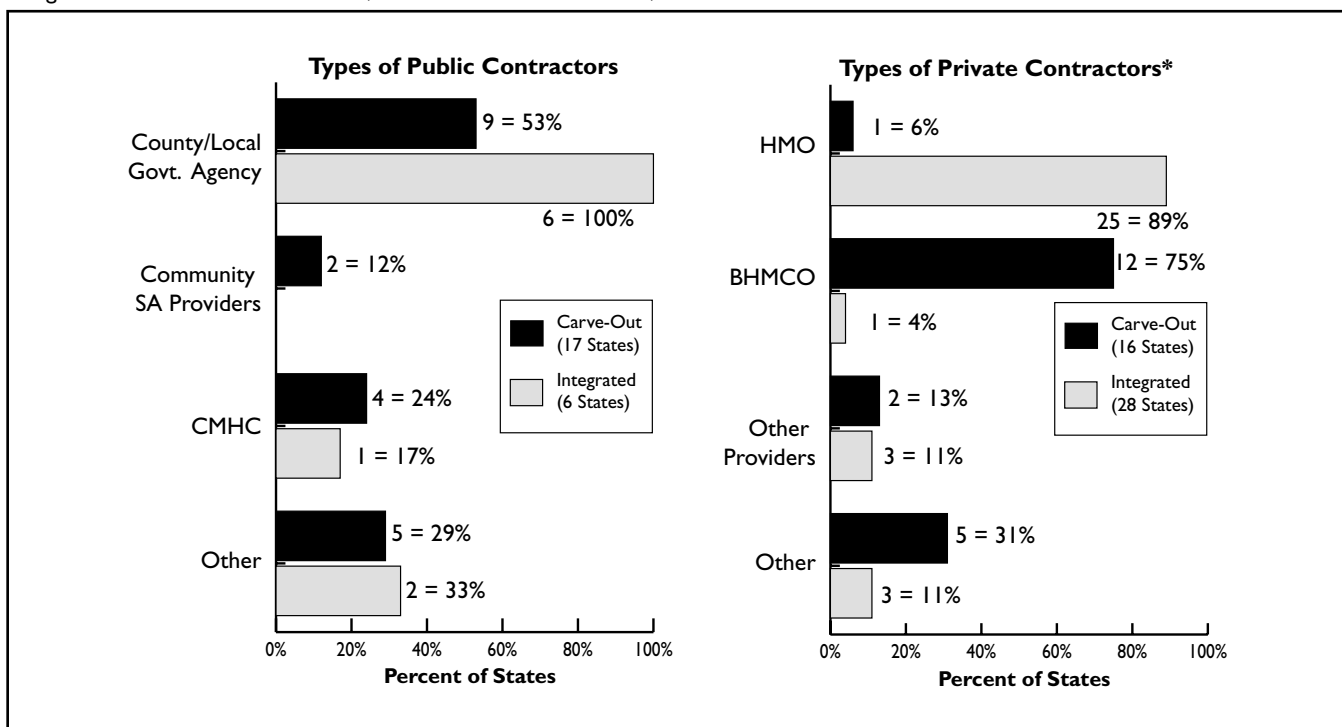


Exhibit 6: Types of Public and Private Managed Care Organizations for Public Sector Managed Behavioral Health Care Programs, Integrated Versus Carve-Out Models, Medicaid and Non-Medicaid, 1999



county or local government agencies and 3 use a mix of public contractors.

- Use of Private Contractors: Twenty-six States contract with a health maintenance organization and 13 with a behavioral health managed care organization as the private managed care organization. Integrated programs usually include contracts with a health maintenance organization, while carve-out programs typically include contracts with a behavioral health managed care organization.

Contract Types

Full-Service Contracts With Clinical Management Preval in the Public Behavioral Health Sector

- Thirty-eight States (90 percent of States with managed care) hold full-service contracts (which include administrative and clinical responsibilities) with managed care organizations to deliver managed behavioral health care.
- Ten States (24 percent) hold administrative services only (ASO) contracts with private organizations to operate managed care programs with no clinical responsibilities or financial risk.
- Five States (12 percent) operate programs other than full service and ASO. These arrangements primarily represent primary care case management (PCCM) program contracts, which allows them to contract directly with providers at an enhanced fee, while others operate managed fee-for-service programs.

Risk and Payment

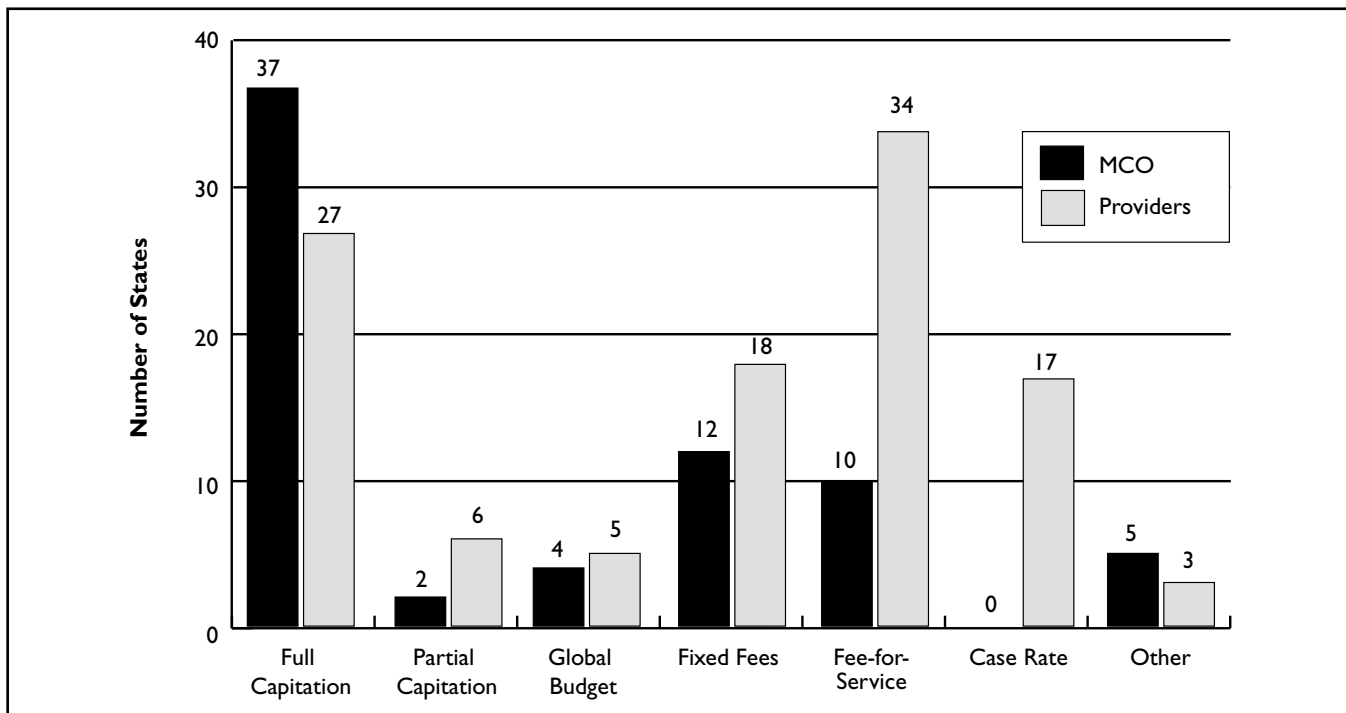
States Typically Place Managed Care Organizations at Full Risk, While Many Providers Remain Fee-For-Service

- Thirty-seven States (88 percent of States with managed care, 72 percent of programs) contract with a managed care organization on a capitated basis for at least one of their programs. The next most common payment arrangement consists of fixed fees (12 States, 16 percent of programs) and fee-for-service (10 States, 12 percent of programs). ASO contracts account for 7 of the 12 States using fixed fees.
- Fourteen States operate a program in which the managed care organization receives several types of payments (e.g., capitation for Medicaid recipients, State allocation for other non-Medicaid recipients).
- In contrast to managed care organizations, providers are predominantly paid on a fee-for service basis (34 States, 66 percent of programs). However, most States use multiple payment mechanisms to reimburse providers. In 27 States (46 percent of programs) some providers receive fully capitated payments, while 18 States (32 percent of programs) pay fixed fees and 17 States (26 percent of programs) pay according to case rates.

Exhibit 7: Types of Contracts States Used Under Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999

Type of Contract	Number of States	Representative States
Full-Service Contracts	38	AL, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, IL, IN, KY, MA, MD, MI, MN, MO, NE, ND, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI
Administrative Services Only (ASO)	10	CT, FL, GA, ID, IN, MD, NE, OH, SC, WV
Other Contracts	5	AZ, MO, NY, SD, VA

Exhibit 8: Risk and Payment Methods for Managed Care Organizations and Providers by Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999



Populations

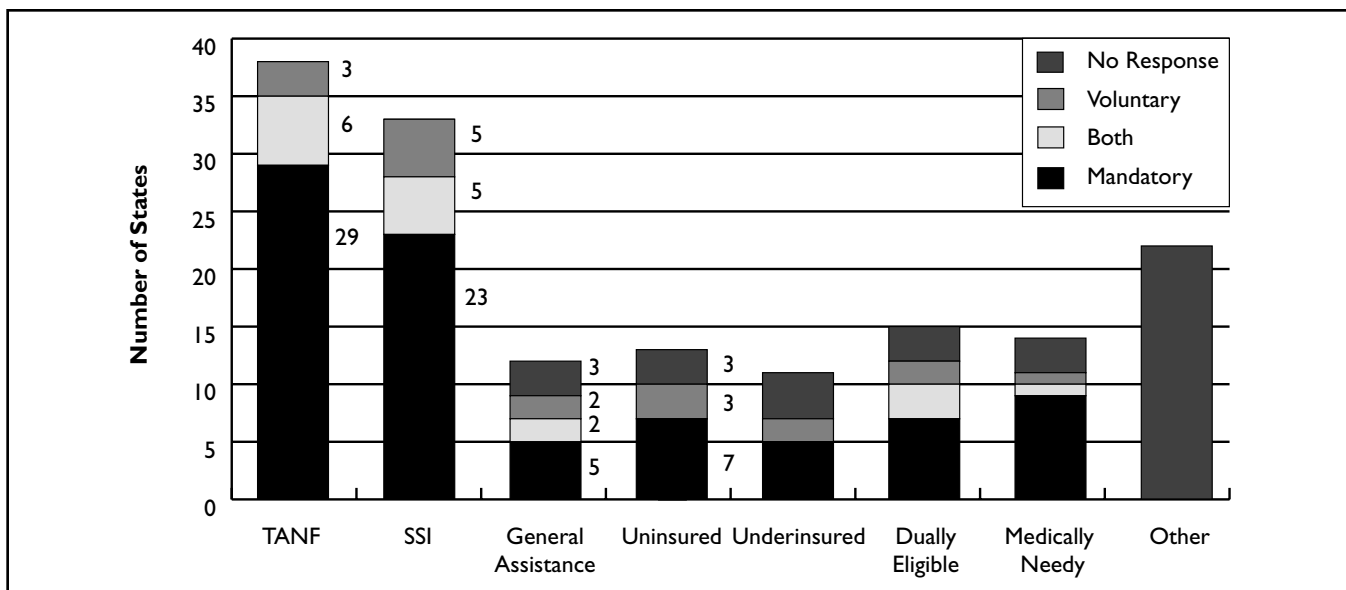
Medicaid Populations Are Included More Often Than Non-Medicaid in Managed Behavioral Health Care Programs

- Of the 71 Medicaid programs in 41 States, 66 percent (in 35 States) have mandatory enrollment for

TANF (Temporary Assistance to Needy Families) populations and 51 percent (in 28 States) have mandatory enrollment for SSI (Supplemental Security Income) populations.

- In all managed behavioral health care programs, non-Medicaid populations are less frequently included. For example, fewer than half of all States

Exhibit 9: Populations Served Under Public Sector Medicaid Managed Behavioral Health Care Programs, Mandatory Versus Voluntary Enrollment, 1999



cover general assistance (38 percent of States, 21 percent of programs), uninsured (38 percent of States, 26 percent of programs), underinsured (38 percent of States, 24 percent of programs), dually eligible (40 percent of States, 32 percent of programs), and medically needy (38 percent of States, 26 percent of programs) populations.

Populations

States With Carve-out Programs More Often Serve Non-Medicaid Populations in Comparison to States With Integrated Programs

- Compared to integrated programs, carve-outs tend to serve a much wider range of populations, such as general assistance (28 percent of States with Medicaid carve-outs), uninsured (36 percent), underinsured (36 percent), dually eligible (52 percent), and medically needy (40 percent) populations. This finding is congruent with the generally

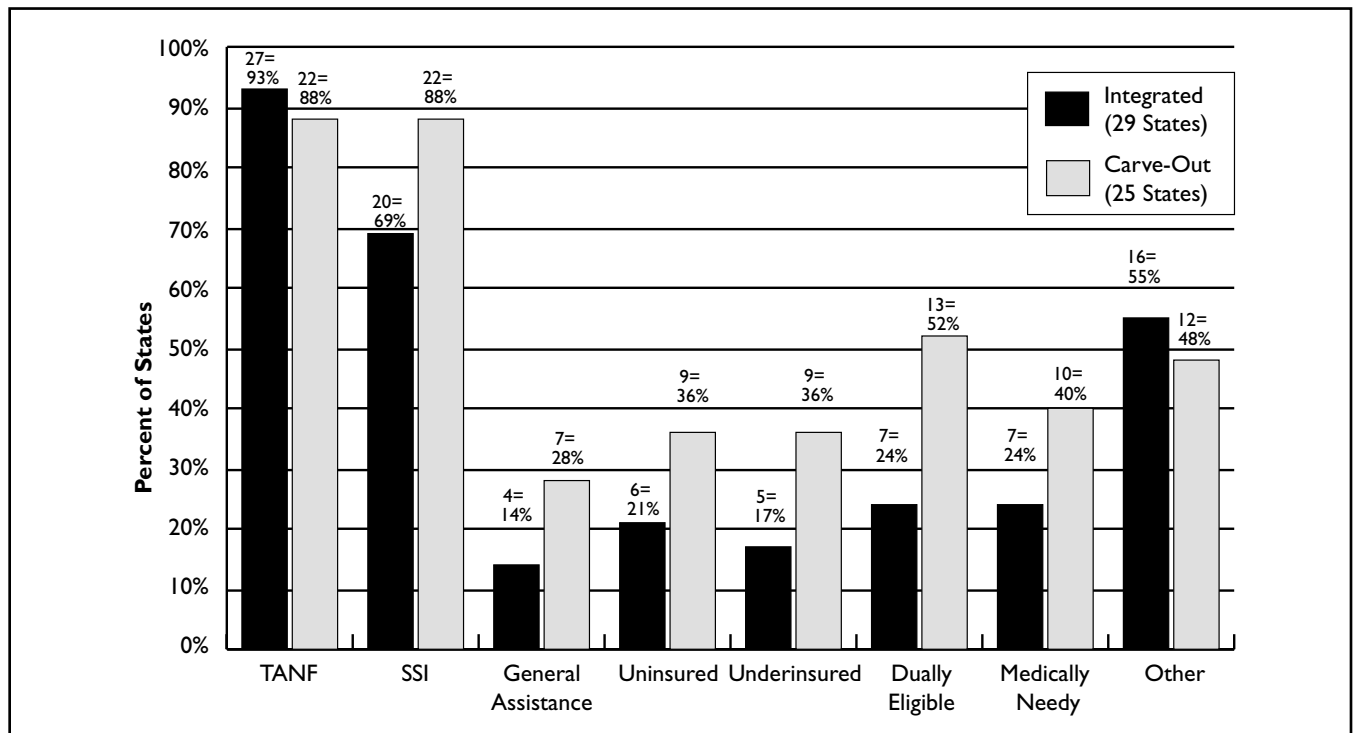
broader range of funding streams in carve-out programs, as discussed earlier.

Services

Carve-out Programs Are More Likely to Provide Specialty Services

- Mental health-specific and combined mental health/substance abuse programs: Carve-out programs are more likely to provide specialized care through residential, rehabilitation, support, and consumer-run services. In contrast, integrated programs are more likely to manage pharmacy benefits under managed care.
- Substance abuse specific and combined mental health/substance abuse programs: Carve-outs similarly provide more specialized services than integrated programs. More than half of carve-outs provide opiate/methadone treatment, residential services, crisis/emergency care, and detoxification.

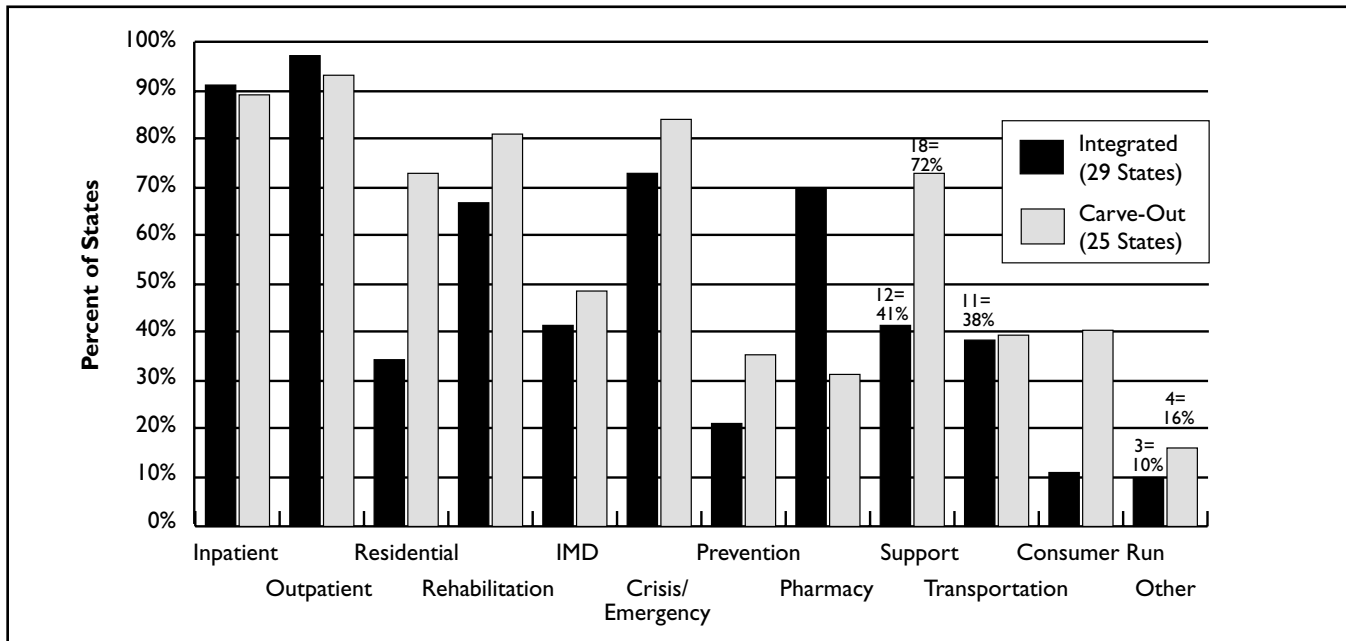
Exhibit 10: Populations Served Under Public Sector Medicaid Managed Behavioral Health Care Programs, Integrated Versus Carve-Out Models, 1999



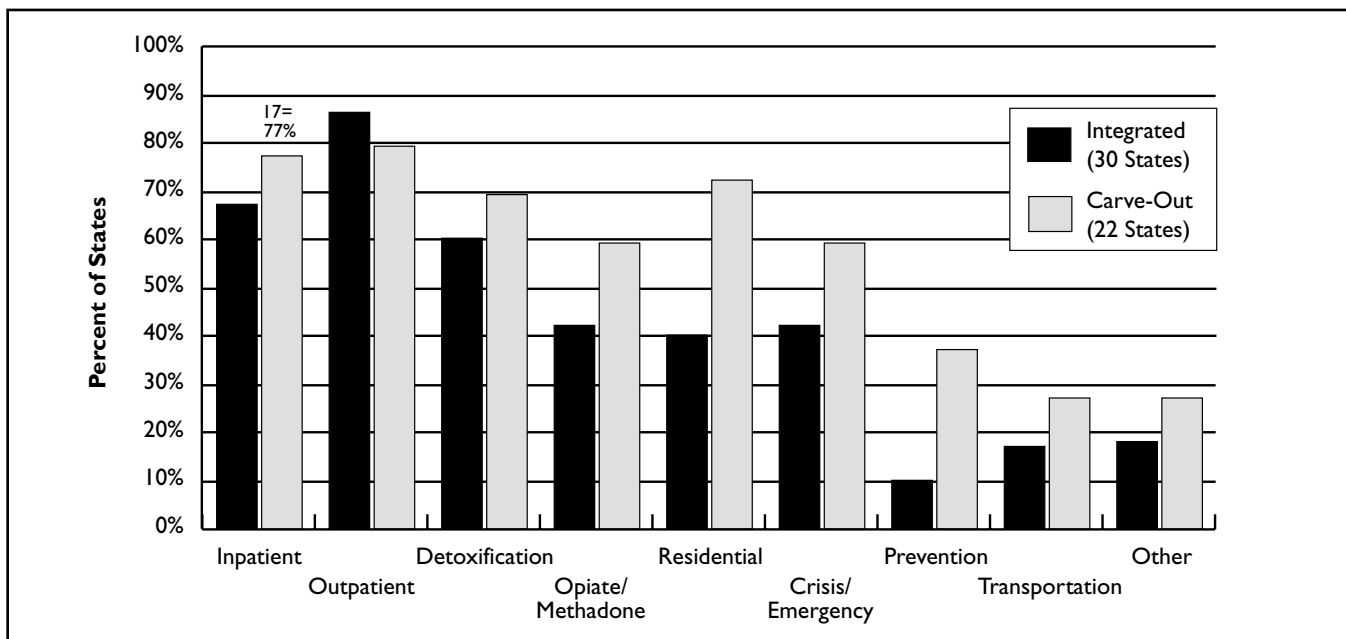
*Other populations represent expanded women and children, SOBRA, foster care, and clinical criteria.

Exhibit 11: Behavioral Health Services in Public Sector Managed Behavioral Health Care Programs, Integrated Versus Carve-Out Models, Medicaid and Non-Medicaid, 1999

Mental Health Services (MH Only and Combined MH/SA Programs)



Substance Abuse Services (SA Only and Combined MH/SA Programs)



Section IV. State Keys and Tables

State-by-State Rankings of Population Characteristics, 1999

The following table presents State-by-State rankings according to population characteristics. Data were drawn from a variety of sources (see appendix A). The figures

represent a ranking of States from greatest to least percentage of State population (or of total U.S. population in the first column). In other words, a State with a large percentage of uninsured individuals has a low rank (a high number).

State	Total Population	Total Uninsured	Medicaid Enrollment	Total Medicaid MCO	% Below FPL
Alabama	23	22	16	11	16
Alaska	48	9	26	51	46
Arizona	21	2	29	13	3
Arkansas	33	1	13	19	6
California	1	5	6	21	9
Colorado	25	23	50	29	36
Connecticut	28	36	30	22	29
Delaware	46	30	22	10	45
District of Columbia	50	19	2	5	
Florida	4	8	28	25	15
Georgia	10	12	18	7	14
Hawaii	41	51	11	4	22
Idaho	40	11	43	42	26
Illinois	6	33	24	45	22
Indiana	14	43	45	36	49
Iowa	30	38	44	23	41
Kansas	32	39	47	40	31
Kentucky	24	25	12	12	7
Louisiana	22	10	4	47	3
Maine	39	26	14	46	31
Maryland	19	31	35	26	37
Massachusetts	13	35	10	9	39
Michigan	8	42	20	14	31
Minnesota	20	48	34	31	40
Mississippi	31	6	7	28	2
Missouri	16	34	21	33	42
Montana	44	7	40	15	7
Nebraska	38	45	33	24	38
Nevada	37	13	51	44	47
New Hampshire	42	37	48	48	50
New Jersey	9	18	38	32	43

State	Total Population	Total Uninsured	Medicaid Enrollment	Total Medicaid MCO	% Below FPL
New Mexico	36	4	9	3	1
New York	3	15	17	38	10
North Carolina	11	21	25	17	21
North Dakota	47	24	46	39	34
Ohio	7	41	32	41	18
Oklahoma	27	14	31	34	11
Oregon	29	29	27	6	28
Pennsylvania	5	46	23	18	30
Rhode Island	43	47	15	16	34
South Carolina	26	16	19	49	17
South Dakota	45	44	37	27	27
Tennessee	17	27	1	1	13
Texas	2	3	36	43	11
Utah	34	28	49	30	48
Vermont	49	49	3	8	19
Virginia	12	32	41	35	20
Washington	15	40	8	2	24
West Virginia	35	17	5	20	5
Wisconsin	18	50	39	37	44
Wyoming	51	20	42	50	24

MCO—Managed Care Organization (see Glossary for definition)

FPL—Federal Poverty Level (see Glossary for definition)

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Alabama	Better Access for You (BAY)	X						
Alaska	N/A							
Arizona	AHCCCS Behavioral Health Carve-out	X	X	X	X	X	X	State funding, corrections, tobacco tax
	AHCCCS—Arizona Long-Term Care System	X					X	State funding
	Interagency Case Management Project (ICMP)				X	X		State funding, corrections, Administrative Office of the Arizona Supreme Court, Arizona Department of Economic Security
Arkansas	Benefit Arkansas	X						State funding, child welfare, corrections, general revenue
California	Medi-Cal Specialty Mental Health Services Consolidation	X						State funding
	Solano County Field Test	X						
	San Mateo County Field Test	X						
	Two Plan Model	X						
Colorado	Colorado Mental Health Capitation and Managed Care Program	X						
	Substance Abuse Program			X		X		Drug offender surcharge funds
Connecticut	Husky A	X						
	General Assistance Behavioral Healthcare Program (GABHP)				X	X		

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Delaware	Diamond State Health Plan	X			X	X		Child welfare, Division of Services for Children, Youth, and Families (DSCYF)
District of Columbia	Health Services for Children With Special Needs (HSCSN)	X						
Florida	Prepaid Mental Health Program (PMHP)	X						
	Behavioral Health Care Utilization Management Service	X						
Georgia	External Review Organization (ERO)	X						
Hawaii	Hawaii QUEST	X						State funding
Idaho	Idaho Substance Abuse Services Program			X		X		
Illinois	Voluntary Managed Care	X						
Indiana	Hoosier Assurance Plan	X	X	X	X	X		State funding, Social Security Block Grant (SSBG) Title XX—SA portion, SSBG MH portion
	Hoosier Healthwise for Persons With Disabilities and Chronic Illness	X						
	Dawn Project				X		X	State funding, child welfare, Division of Special Education
Iowa	Iowa Plan for Behavioral Health	X		X		X	X	
Kansas	N/A							

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Kentucky	Health Care Partnerships	X						
	Kentucky Access	X						
Louisiana	N/A							
Maine	N/A							
Maryland	HealthChoice	X						
	Specialty Mental Health System	X	X		X		X	State funding, State hospital funds
Massachusetts	MassHealth	X			X			
Michigan	Comprehensive Health Plan (CHP)	X						
	Managed Specialty Services Program (MSSP)	X		X	X		X	State funding
	Michigan Interagency Family Preservation Initiative (MIFPI)	X					X	Child welfare
Minnesota	Prepaid Medical Assistance Program (PMAP)	X						
	MinnesotaCare	X						State funding, premiums
	General Assistance Medical Care Managed Care							State funding, 100% State-funded low-income adults who are not Medicaid eligible
	Minnesota Senior Health Options (MSHO)	X						Private foundation grant, Medicare
	Consolidated Chemical Dependency Treatment Fund (CCDTF)	X		X		X		State funding
Mississippi	N/A							

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Missouri	Managed Care +	X						
	Comprehensive Substance Abuse Treatment and Rehabilitation Program (CSTAR)	X		X		X		General revenue
Montana	N/A							
Nebraska	Nebraska Health Connection MH/SA Component	X						
	Nebraska Behavioral Health System (NBHS)		X	X	X	X	X	Child welfare
Nevada	Medicaid Managed Care Program	X						
New Hampshire	New Hampshire Managed Care	X						
	NHDMHDS	X						State funding
New Jersey	N/A							
New Mexico	SALUD!	X						
New York	Basic Mental Health Plan	X						State-only funds
	Adult Special Needs Plan	X						
	Children Special Needs Plan	X						
	Prepaid Mental Health Plan (PMHP)	X						General revenues
	County Demonstration for Managed Addiction Treatment Services	X				X	X	State funding, general revenues
North Carolina	N/A							
North Dakota	North Dakota Access and Care (NoDAC)	X						
Ohio	OhioCare	X						
	URIP	X						
Oklahoma	Sooner Care	X						

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Oregon	Oregon Health Plan (OHP)	X						State funding, general revenues
	Intensive Treatment Services (ITS)	X						
Pennsylvania	HealthChoices Behavioral Health Services (HCBHS)	X			X		X	Child welfare
	Voluntary HMO Contracts	X						
Rhode Island	RlteCare	X						Title XXI
South Carolina	Voluntary HMO Program	X						
	Prior Authorization	X						State funding, county mini bottle fund
South Dakota	Provider and Recipient In Medicaid Efficiency (PRIME)	X						State funding
Tennessee	TennCare Partners	X						State funding
Texas	State of Texas Access Reform (STAR)	X						
	NorthSTAR	X	X	X	X	X	X	State funding
Utah	Prepaid Mental Health Plan (PMHP)	X						
Vermont	Vermont Health Access Plan (VHAP)	X						
	Community Rehabilitation and Treatment (CRT) Case Rate Program	X		X	X	X	X	State funding, child welfare, corrections
Virginia	Medallion II	X						
	Options	X						
	Medallion	X						

State Key Exhibit 3: Sources of Funding for Public Sector Managed Behavioral Health Care Programs

State	Program	Medicaid Funding	Mental Health Block Grants	Substance Abuse Block Grants	State Mental Health Funding	State Substance Abuse Funding	County Funding	Other
Washington	Integrated Community Mental Health Program (ICMHP)	X	X		X			
	Basic Health Plan (BHP)							State funding, general revenues, premiums
West Virginia	New Directions in Medicaid Services Initiative	X						
Wisconsin	Medicaid HMO Program	X						
	BadgerCare	X						General revenues, State funding, premiums
	Independent Care (I-Care)	X						
	Program for All-inclusive Care for the Elderly (PACE)	X						Medicare
	Wisconsin Partnership Program	X						Medicare
	Children Come First (CCF)	X					X	
	WrapAround Milwaukee	X					X	Other State agencies
Wyoming	N/A							
Total	82	74	6	11	14	14	14	36

State Key Exhibit 4: State Agency Acting as Purchaser for Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999

Total Programs

Type of State Agency	Number of States	Representative States
Medicaid Agency	40	AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, IA, KY, MA, MD, MI, MN, MO, ND, NE, NH, NV, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI
State Mental Health Agency	15	AZ, CA, CT, IN, MA, MD, MI, NE, NH, NY, OR, PA, TX, VT, WA
State Substance Abuse Agency	14	AZ, CO, CT, IA, ID, IN, MI, MN, MO, NE, NH, NY, SC, TX
Other*	5	AZ, GA, IN, MI, WA

Integrated Programs

Type of State Agency	Number of States	Representative States
Medicaid Agency	28	AL, CA, CT, DC, IL, IN, KY, MA, MD, MI, MN, MO, NV, NH, NM, NY, ND, OH, OK, OR, PA, RI, SC, SD, TX, VA, VT, WI
State Mental Health Agency	4	AZ, MA, MI, OR
State Substance Abuse Agency	1	AZ
Other*	3	AZ, MI, WA

Carve-Out Programs

Type of State Agency	Number of States	Representative States
Medicaid Agency	20	AR, CO, FL, GA, IA, KY, MD, MI, NE, NY, OH, OR, PA, TN, TX, UT, VT, WA, WI, WV
State Mental Health Agency	12	AZ, CA, CT, IN, MD, MI, NE, NH, PA, TX, VT, WA
State Substance Abuse Agency	14	AZ, CO, CT, IA, ID, IN, MI, MN, MO, NE, NH, NY, SC, TX
Other*	3	AZ, GA, IN

* Other sources of funding include the Arizona Department of Health Services; the Georgia Department of Human Resources; the Indiana Education, Child Welfare, and Juvenile Justice Department; the Michigan Child Welfare Department; the Michigan Juvenile Justice Department; and the Washington State Health Care Authority.

State Key Exhibits 5-6: Types of Managed Care Organizations

States	Program	Public	Private	Partnership
Alabama	Better Access for You (BAY)		HMO(s)	
Alaska	N/A			
Arizona	AHCCCS Behavioral Health Carve-Out		BHMC(s); Regional Behavioral HealthCare Authority	
	AHCCCS - Arizona Long-Term Care System	County	Program Contractors	
	Interagency Case Management Project (ICMP)	Division of Behavioral Health Services		
Arkansas	Benefit Arkansas			BHMC(s) and CHMC(s)
California	Medi-Cal Specialty Mental Health Services Consolidation	County/Local Government Agency		
	Solano County Field Test	County Government Health Authority		
	San Mateo County Field Test	County/Local Government Agency		
	Two Plan Model	County/Local Government Agency; County Government Health Authority	HMO(s)	
Colorado	Colorado Mental Health Capitation and Managed Care Program	Community Mental Health Center	HMO(s); BHMC(s)	BHMC(s); CMHC(s)
	Substance Abuse Program	Boulder County Health Department	Managed Service Organizations	Limited Liability Corporations
Connecticut	Husky A		HMO(s); Federally Qualified Health Center (FQHC)	
	General Assistance Behavioral Healthcare Program (GABHP)		BHMC(s)	
District of Columbia	Health Services for Children with Special Needs (HSCSN)		MCO formed to serve DC	
Delaware	Diamond State Health Plan		HMO(s)	MCO(s) Division of Services for Children, Youth, and Families (DSCYF)
Florida	Prepaid Mental Health Program (PMHP)			CMHCs and BHMC(s)
	Behavioral Health Care Utilization Management Service		Behavioral Health Utilitarian Management Firm	

State Key Exhibits 5-6: Types of Managed Care Organizations

States	Program	Public	Private	Partnership
Georgia	External Review Organization (ERO)		BHMC(s)	
Hawaii	Hawaii QUEST		BHMC(s) and HMO(s)	
Idaho	Idaho Substance Abuse Services Program		BHMC(s)	
Illinois	Voluntary Managed Care		HMO(s); MCCN	Unspecified
Indiana	Hoosier Assurance Plan	Community Mental Health Centers; Community Substance Abuse Providers; Children's Services Providers	Free Standing Addiction Providers	
	Hoosier Healthwise for Persons with Disabilities and Chronic Illness		HMO(s)	
	Dawn Project		HMO(s)	
Iowa	Iowa Plan for Behavioral Health		BHMC(s)	
Kansas	N/A			
Kentucky	Health Care Partnerships			Medicaid Providers; HMO(s)
	Kentucky Access			BHMC(s); Providers
Louisiana	N/A			
Maine	N/A			
Maryland	HealthChoice		HMO(s)	
	Specialty Mental Health System	Community Service Boards	BHMC(s)	
Massachusetts	MassHealth		HMO(s) and BHMC(s)	
Michigan	Comprehensive Health Plan (CHP)	Community Mental Health Centers	HMO(s)	
	Managed Specialty Services Program (MSSP)	Counties		
	Michigan Inter-agency Family Preservation Initiative (MIFPI)	County/Local Government Agency		
Minnesota	Prepaid Medical Assistance Program (PMAP)		HMO(s)	
	MinnesotaCare		HMO(s)	
	General Assistance Medical Care Managed Care		HMO(s)	
	Minnesota Senior Health Options (MSHO)		HMO(s)	
	Consolidated Chemical Dependency Treatment Fund (CCDTF)	County/Local Government Agency		
Mississippi	N/A			

State Key Exhibits 5-6: Types of Managed Care Organizations

States	Program	Public	Private	Partnership
Missouri	Managed Care +		HMO(s)	
	Comprehensive Substance Treatment and Rehabilitation Program (CSTAR)	Community Substance Abuse Providers		
Montana	N/A			
Nebraska	Nebraska Health Connection MH/SA Component		BHMC(s)	
	Nebraska Behavioral Health System (NBHS)		BHMC(s)	
Nevada	Medicaid Managed Care Program		HMO(s)	
New Hampshire	New Hampshire Managed Care		HMO(s)	
	NHDMHDS	Community Mental Health Centers		
New Jersey	N/A			
New Mexico	SALUD!		HMO(s)	
New York	Basic Mental Health Plan	County/Local Government Agency		
	Adult Special Needs Plan	To Be Determined	To Be Determined	To Be Determined
	Children Special Needs Plan	To Be Determined	To Be Determined	To Be Determined
	Prepaid Mental Health Plan (PMHP)	County/Local Government Agency; State Providers		
	County Demonstration for Managed Addiction Treatment Services	Counties		
North Carolina	N/A			
North Dakota	North Dakota Access and Care (NoDAC)		HMO(s)	
Ohio	OhioCare		HMO(s)	
	URIP		Behavioral Health Utilitarian Management Firm	
Oklahoma	Sooner Care		HMO(s)	
Oregon	Oregon Health Plan (OHP)	County/Local Government Agency	HMO(s)	
	Intensive Treatment Services (ITS)	County/Local Government Agency		
Pennsylvania	HealthChoices Behavioral Health Services (HCBHS)	Counties	BHMC(s)	Counties and BHMC(s)
	Voluntary HMO Contracts		HMO(s)	
Rhode Island	RlteCare		HMO(s)	

State Key Exhibits 5-6: Types of Managed Care Organizations

States	Program	Public	Private	Partnership
South Carolina	Voluntary HMO Program		HMO(s)	
	Prior Authorization	County Commissioner		
South Dakota	Provider and Recipient in Medicaid Efficiency (PRIME)		Physicians	
Tennessee	TennCare Partners		BHMC(s)	
Texas	State of Texas Access Reform (STAR)		HMO(s)	
	NorthSTAR		BHMC(s)	
Utah	Prepaid Mental Health Plan (PMHP)	Community Mental Health Centers		
Vermont	Vermont Health Access Plan (VHAP)		HMO(s)	Community Providers; BHMC(s)
	Community Rehabilitation and Treatment (CRT) Case Rate Program	Unspecified	CMHC(s)	
Virginia	Medallion II		HMO(s)	
	Options		HMO(s)	
	Medallion	Health Departments	Primary Care Providers	
Washington	Integrated Community Mental Health Program (ICMHP)	County/Local Government Agency		
	Basic Health Plan		HMO(s)	
West Virginia	New Directions in Medicaid Services Initiatives	Office of Behavioral Health Services	Behavioral Health Utilitarian Management Firm	
Wisconsin	Medicaid HMO Program		HMO(s)	
	BadgerCare		HMO(s)	
	Independent Care (I-Care)			HMO(s); Community Based Organizations
	Program for All-Inclusive Care for the Elderly (PACE)			Community Care Organizations; ElderCare
	Wisconsin Partnership Program			Community Care for the Elderly; Community Living Alliance; ElderCare; Center(s) for Independent Living
	Children Come First (CCF)	County/Local Government Agency		
	WrapAround Milwaukee	Milwaukee County		
Wyoming	N/A			
Total Programs	82	30	55	13

See Section III, Exhibit 7, for Types of Contracts States Used Under Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999.

State Key Exhibit 8: Risk and Payment Methods for Managed Care Organizations and Providers by Public Sector Managed Behavioral Health Care Programs, Medicaid and Non-Medicaid, 1999

Managed Care Organizations

Risk and Payment Method	Number of States	Representative States
Full Capitation	37	AL, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, IL, IN, KY, MD, MI, MN, MO, ND, NE, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI
Partial Capitation	2	MA, WI
Global Budget	4	AZ, MA, MD, MN
Fixed Fees	12	CO, CT, FL, GA, IA, ID, MD, MI, NE, OH, VA, WA
Fee-For-Service	10	CT, MO, ND, NE, NY, SC, VA, VT, WI, WV
Other *	5	CA, DE, NH, SD, VT

Providers

Risk and Payment Method	Number of States	Representative States
Full Capitation	27	AR, AZ, CA, CO, CT, DE, FL, IA, IL, KY, MI, MN, MO, ND, NH, NM, NV, NY, OH, OK, RI, SC, TX, UT, VT, WA, WI
Partial Capitation	6	MI, MN, ND, NM, OR, WI
Global Budget	5	CA, KY, MI, NH, WA
Fixed Fees	18	AZ, CA, CO, DE, HI, IN, KY, MD, MI, MN, ND, NM, OR, SC, SD, TX, WA, WI
Fee-For-Service	34	AL, AR, AZ, CA, CO, CT, DC, DE, HI, IA, ID, IL, IN, KY, MA, MD, MI, MN, MO, ND, NE, NM, NY, OR, PA, RI, SC, SD, TN, TX, VA, VT, WI, WV
Case Rate	17	CA, DE, HI, IA, IN, MI, NE, NM, NY, OR, PA, SD, TN, TX, VT, WA, WI
Other **	3	MD, NM, VA

* Other types of MCO Risk and Payment Methods include bundled rate, performance contracting, and case rates.

** Other provider Risk and Payment Methods include programs in which the provider payment varies by HMO or geographic region.

State Key Exhibit 9: Populations Served Under Public Sector Medicaid Managed Behavioral Health Care Programs, Mandatory Versus Voluntary Enrollment, 1999*

Mandatory Populations

Population	Number of States	Representative States
Temporary Assistance to Needy Families (TANF)	35	AL, AR, AZ, CA, CO, CT, DE, FL, HI, IA, KY, MA, MD, MI, MN, MO, ND, NE, NM, NV, NY, OH, OK, OR, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI, WV
Supplemental Security Income (SSI)	28	AL, AR, AZ, CA, CO, CT, DE, FL, IA, KY, MA, MD, MI, MN, NE, NM, NY, OH, OR, PA, SD, TN, TX, UT, VA, VT, WA, WV
General Assistance	7	DE, IA, MD, NY, OR, PA, TX
Uninsured	7	IA, MD, MI, MN, RI, TN, TX
Underinsured	5	IA, MD, MN, TX, VT
Dually Eligible	10	AZ, CA, CO, IA, KY, OR, PA, TN, TX, WI
Medically Needy	10	AZ, CA, IA, MD, ND, OR, PA, RI, TN, TX

Voluntary Populations

Population	Number of States	Representative States
TANF	9	IL, MO, NH, NY, OH, PA, SC, VA, WI
SSI	10	CA, DC, IN, MO, NY, PA, SC, TX, VA, WI
General Assistance	4	AZ, MA, NY, PA
Uninsured	3	AZ, MO, WI
Underinsured	3	AZ, MO, WI
Dually Eligible	6	CA, MI, MN, NY, PA, WI
Medically Needy	2	PA, SC

* Keys do not represent States and programs that did not indicate populations as "mandatory" or "voluntary." The members only match the mandatory and voluntary sections of Exhibit 9.

State Key Exhibit 10: Populations Served Under Public Sector Medicaid Managed Behavioral Health Care Programs, Integrated versus Carve-Out Models, 1999*

Integrated Programs

Population	Number of States	Representative States
TANF	27	AL, AZ, CA, CT, IL, KY, MA, MD, MI, MN, MO, ND, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, VA, VT, WI
SSI	20	AL, AZ, CA, CT, DC, IN, KY, MA, MD, MI, NM, NY, OR, PA, SC, SD, TX, VA, VT, WI
General Assistance	4	MA, NY, OR, PA
Uninsured	6	AL, MD, MN, MO, RI, WI
Underinsured	5	AL, MD, MN, VT, WI
Dually Eligible	7	CA, KY, MI, MN, OR, PA, WI
Medically Needy	7	CA, MA, ND, OR, PA, RI, SC
Other:		
Expanded Women and Children	8	MA, MI, MN, NM, NY, OR, SC, WI
SOBRA	4	AL, KY, MO, SC
Clinical	6	AZ, KY, NV, OR, PA, WI
Foster Care	4	KY, MO, NH, VT

Carve-Out Programs

Population	Number of States	Representative States
TANF	22	AR, AZ, CA, CO, FL, IA, KY, MD, MI, MN, MO, NE, NY, OH, PA, SC, TN, TX, UT, WA, WI, WV
SSI	22	AR, AZ, CA, CO, FL, IA, KY, MD, MI, MN, MO, NE, NY, OH, PA, SC, TN, TX, UT, WA, WI, WV
General Assistance	7	AZ, IA, MD, PA, TN, TX, WV
Uninsured	9	AZ, IA, MD, MI, MO, MN, NE, TN, TX
Underinsured	9	AZ, IA, MD, MI, MN, MO, NE, TN, TX
Dually Eligible	13	AZ, CA, CO, IA, KY, MI, NE, NY, PA, TN, TX, UT, WV
Medically Needy	10	AZ, CA, IA, MD, NE, PA, SC, TN, TX, UT
Other:		
Expanded Women and Children	3	PA, SC, WA
SOBRA	4	AZ, FL, KY, NE
Clinical	2	KY, VT
Foster Care	6	AR, CO, FL, KY, TN, WI

* States may be represented in multiple categories because programs serve multiple populations, and many States have more than one program.

Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Mental Health Inpatient	Mental Health Out-patient	Mental Health Residential	Mental Health Rehabilitation	IMD Services	Mental Health Crisis	Mental Health Prevention Services	Pharmacy	Mental Health Support Services	Mental Health Transportation	Consumer-Run Services
Alabama	Better Access for You (BAY)	X	X		X	X	X		X			
Alaska	N/A*											
Arizona	AHCCCS Behavioral Health Carve-out	X	X	X	X	X	X	X	X	X	X	X
	AHCCCS Arizona Long-Term Care System	X	X	X			X		X	X	X	
	Interagency Care Management Project (ICMP)											
Arkansas	Benefit Arkansas	X	X	X	X		X	X	X	X		
California	Medi-Cal Specialty Mental Health Services Consolidation	X	X	X	X		X			X		
	Solano County Field Test	X	X				X		X			
	San Mateo County Field Test	X	X	X	X		X		X	X		
	Two Plan Model								X			
Colorado	Colorado Mental Health Capitation and Managed Care Program	X	X	X	X	X	X	X		X		X
Connecticut	Husky A	X	X			X	X		X		X	
	General Assistance Behavioral Healthcare Program (GABHP)	X	X	X		X	X					
Delaware	Diamond State Health Plan	X	X	X	X	X	X		X	X	X	
District of Columbia	Health Services for Children With Special Needs (HSCSN)	X	X	X	X	X	X	X	X	X	X	

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Mental Health Inpatient	Mental Health Out-patient	Mental Health Residential	Mental Health Reha-bilitation	IMD Services	Mental Health Crisis	Mental Health Prevention Services	Pharmacy	Mental Health Support Services	Mental Health Trans- portation	Consumer-Run Services
Florida	Prepaid Mental Health Program (PMHP)	X	X		X	X	X			X		
	Behavioral Health Care Utilization Management Service	X										
Georgia	External Review Organization (ERO)											
Hawaii	Hawaii QUEST	X	X	X	X	X	X		X	X	X	X
Idaho	N/A**											
Illinois	Voluntary Managed Care	X	X	X	X	X	X		X	X	X	
Indiana	Hoosier Assurance Plan	X	X		X		X					
	Hoosier Healthwise for Persons with Disabilities and Chronic Illness	X	X		X	X	X		X		X	
	Dawn Project	X	X	X	X		X	X		X	X	X
Iowa	Iowa Plan for Behavioral Health	X	X	X	X		X	X		X		
Kansas	N/A *											
Kentucky	Health Care Partnerships		X				X		X			
	Kentucky Access	X	X	X	X	X	X	X	X	X		X
Louisiana	N/A *											
Maine	N/A *											
Maryland	HealthChoice											
	Specialty Mental Health System	X	X	X	X	X	X		X	X	X	X
Massachusetts	MassHealth	X	X	X	X	X	X			X		

* No managed care program for behavioral health services.

** Idaho's managed care program is specific to substance abuse services only and is therefore not applicable to this chart.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Mental Health Inpatient	Mental Health Out-patient	Mental Health Residential	Mental Health Rehabilitation	IMD Services	Mental Health Crisis	Mental Health Prevention Services	Pharmacy	Mental Health Support Services	Mental Health Transportation	Consumer-Run Services
Michigan	Comprehensive Health Plan (CHP)		X									
	Managed Specialty Services Program (MSSP)	X	X	X	X		X	X	X	X	X	X
Minnesota	Prepaid Medical Assistance Program (PMAP)	X	X		X				X	X		
	MinnesotaCare	X	X		X				X			
	General Assistance Medical Care Managed Care	X	X		X				X	X		
	Minnesota Senior Health Options (MSHO)	X	X		X	X			X			
Mississippi	N/A *											
Missouri	Managed Care +	X	X		X		X		X		X	
Montana	N/A *											
Nebraska	Nebraska Health Connection MH/SA Component	X	X	X		X	X			X		
	Nebraska Behavioral Health System (NBHS)	X	X	X	X	X	X			X		X
Nevada	Medicaid Managed Care Program	X	X		X	X	X		X		X	
New Hampshire	New Hampshire Managed Care	X	X				X					
	NHDMHDS	X	X									
New Jersey	N/A *											
New Mexico	SALUD!	X	X	X	X		X	X	X	X	X	X

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Mental Health Inpatient	Mental Health Out-patient	Mental Health Residential	Mental Health Rehabilitation	IMD Services	Mental Health Crisis	Mental Health Prevention Services	Pharmacy	Mental Health Support Services	Mental Health Transportation	Consumer-Run Services
New York	Basic Mental Health Plan	X	X		X		X					
	Adult Special Needs Plan	X	X		X	X	X	X		X		X
	Children Special Needs Plan	X	X		X		X	X		X		
	Prepaid Mental Health Plan (PMHP)		X		X		X			X		X
	County Demonstration for Managed Addiction Treatment Services											
North Carolina	N/A *											
North Dakota	North Dakota Access and Care (NoDAC)	X	X		X							
Ohio	OhioCare	X	X						X			
	URIP	X										
Oklahoma	Sooner Care	X	X		X					X		
Oregon	Oregon Health Plan (OHP)	X	X		X	X	X	X	X	X		X
	Intensive Treatment Services (ITS)		X	X								
Pennsylvania	HealthChoices Behavioral Health Services (HCBHS)	X	X	X	X	X	X		X	X		
	Voluntary HMO Contracts	X	X	X	X		X		X			
Rhode Island	RlteCare	X	X	X	X	X	X	X	X	X	X	
South Carolina	Voluntary HMO Program	X	X	X	X	X	X	X	X	X		
South Dakota	Provider and Recipient in Medicaid Efficiency (PRIME)	X	X						X			

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Mental Health Inpatient	Mental Health Out-patient	Mental Health Residential	Mental Health Rehabilitation	IMD Services	Mental Health Crisis	Mental Health Prevention Services	Pharmacy	Mental Health Support Services	Mental Health Trans- portation	Consumer- Run Services
Tennessee	TennCare Partners	X	X	X	X	X	X		X	X	X	
Texas	State of Texas Access Reform (STAR)	X	X				X					
	NorthSTAR	X	X	X	X	X	X	X	X	X	X	X
Utah	Prepaid Mental Health Plan (PMHP)	X	X		X		X				X	
Vermont	Vermont Health Access Plan (VHAP)	X	X	X	X		X		X	X		
	Community Rehabilitation and Treatment (CRT) Case Rate Program	X	X	X	X	X	X			X	X	X
Virginia	Medallion II	X	X		X		X		X		X	
	Options	X	X		X		X		X		X	
	Medallion	X	X		X		X		X		X	
Washington	Integrated Community Mental Health Program (ICMHP)	X	X	X	X		X			X		
	Basic Health Plan	X	X									
West Virginia	New Directions in Medicaid Services Initiative	X	X		X		X					
Wisconsin	Medicaid HMO Program	X	X	X	X	X				X		
	BadgerCare	X	X	X	X	X	X		X	X	X	
	Independent Care (I-Care)	X	X	X	X	X	X	X	X	X	X	X
	Program for All-inclusive Care for the Elderly (PACE)	X	X	X	X	X	X		X	X		
	Wisconsin Partnership Program	X	X	X	X	X	X		X	X	X	
	Children Come First (CCF)	X	X	X	X	X	X	X	X	X	X	
	WrapAround Milwaukee	X	X	X	X	X	X	X		X	X	
Wyoming	N/A*											
Total	76	67	69	37	55	33	56	18	42	42	27	15

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Substance Abuse Inpatient	Substance Abuse Outpatient	Detox-ification	Opiate/ Methadone Treatment	Substance Abuse Residential	Substance Abuse Crisis/ Emergency	Substance Abuse Prevention	Substance Abuse Transportation
Alabama	Better Access for You (BAY)		X				X		
Alaska	N/A *								
Arizona	AHCCCS Behavioral Health Carve-out	X	X	X	X	X	X	X	X
	AHCCCS Arizona Long-Term Care System	X	X	X	X		X		X
Arkansas	Benefit Arkansas	X	X	X		X			
California	Two Plan Model		X	X		X			
Colorado	Colorado Mental Health Capitation and Managed Care Program			X					
	Substance Abuse Program	X	X	X	X	X	X		
Connecticut	Husky A		X	X	X				
	General Assistance Behavioral Healthcare Program (GABHP)	X	X	X	X	X	X		
Delaware	Diamond State Health Plan	X	X	X	X	X	X		X
District of Columbia	Health Services for Children with Special Needs (HSCSN)	X	X						
Florida	Behavioral Health Care Utilization Management Service	X							
Georgia	External Review Organization (ERO)								
Hawaii	Hawaii QUEST	X	X	X	X	X	X		
Idaho	Idaho Substance Abuse Services Program	X	X			X	X	X	X

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Substance Abuse Inpatient	Substance Abuse Outpatient	Detox-ification	Opiate/ Methadone Treatment	Substance Abuse Residential	Substance Abuse Crisis/ Emergency	Substance Abuse Prevention	Substance Abuse Transportation
Illinois	Voluntary Managed Care		X	X		X	X		
Indiana	Hoosier Assurance Plan	X	X	X	X		X		
	Hoosier Healthwise for Persons with Disabilities and Chronic Illness	X	X	X	X		X		X
	Dawn Project	X	X	X		X		X	
Iowa	Iowa Plan for Behavioral Health	X	X	X	X	X	X	X	
Kansas	N/A *								
Kentucky	Health Care Partnerships			X					
	Kentucky Access								
Louisiana	N/A *								
Maine	N/A *								
Maryland	HealthChoice	X	X	X	X	X			X
Massachusetts	MassHealth	X	X	X	X	X	X		
Michigan	Comprehensive Health Plan (CHP)								
	Managed Specialty Services Program (MSSP)	X	X	X	X	X			
Minnesota	Prepaid Medical Assistance Program (PMAP)	X	X		X				
	MinnesotaCare	X	X		X				
	General Assistance Medical Care Managed Care	X	X		X				
	Minnesota Senior Health Options (MSHO)	X	X		X				
	Consolidated Chemical Dependency Treatment Fund (CCDTF)	X	X		X	X			

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Substance Abuse Inpatient	Substance Abuse Outpatient	Detoxification	Opiate/Methadone Treatment	Substance Abuse Residential	Substance Abuse Crisis/Emergency	Substance Abuse Prevention	Substance Abuse Transportation
Mississippi	N/A *								
Missouri	Comprehensive Substance Treatment and Rehabilitation Program (CSTAR)		X	X		X			
Montana	N/A *								
Nebraska	Nebraska Health Connection MH/SA Component	X	X			X	X		X
	Nebraska Behavioral Health System (NBHS)	X	X	X	X	X	X	X	
Nevada	Medicaid Managed Care Program	X	X	X	X		X		
New Hampshire	New Hampshire Managed Care	X	X				X		
	NHDMHDS	X	X						
New Jersey	N/A *								
New Mexico	SALUD!	X	X	X					
New York	Basic Mental Health Plan	X	X				X		
	County Demonstration for Managed Addiction Treatment Services	X	X	X	X	X	X		X
North Carolina	N/A *								
North Dakota	North Dakota Access and Care (NoDAC)	X	X						
Ohio	OhioCare	X	X	X	X				
Oklahoma	Sooner Care		X	X		X			
Oregon	Oregon Health Plan (OHP)		X		X				
Pennsylvania	HealthChoices Behavioral Health Services (HCBHS)	X	X	X	X	X	X		
	Voluntary HMO Contracts	X	X	X	X	X	X		

* No managed care program for behavioral health services.

State Key Exhibit 11: Mental Health Services in Public Sector Managed Behavioral Health Care Programs

State	Program Name	Substance Abuse Inpatient	Substance Abuse Outpatient	Detox-ification	Opiate/ Methadone Treatment	Substance Abuse Residential	Substance Abuse Crisis/ Emergency	Substance Abuse Prevention	Substance Abuse Transportation
Rhode Island	RlteCare	X	X	X	X	X	X	X	X
South Carolina	Voluntary HMO Program	X	X	X	X	X	X	X	
	Prior Authorization	X	X	X	X	X	X	X	
South Dakota	Provider and Recipient in Medicaid Efficiency (PRIME)	X	X	X					
Tennessee	TennCare Partners	X	X	X				X	X
Texas	State of Texas Access Reform (STAR)	X	X			X	X		
	NorthSTAR	X	X	X	X	X	X		
Utah	N/A **								
Vermont	Vermont Health Access Plan (VHAP)	X	X	X		X			
Virginia	N/A ***								
Washington	Basic Health Plan	X	X			X			
West Virginia	New Directions in Medicaid Services Initiative	X	X	X		X	X		
Wisconsin	Medicaid HMO Program	X	X	X	X				
	BadgerCare	X	X	X	X	X	X		X
	Independent Care (I-Care)	X	X	X	X		X	X	X
	Program for All-inclusive Care of the Elderly (PACE)	X	X	X	X	X	X	X	
	Wisconsin Partnership Program	X	X	X	X		X	X	X
	Children Come First (CCF)	X	X	X	X	X	X	X	X
	WrapAround Milwaukee	X	X	X	X		X	X	X
Wyoming	N/A *								
Total	63	51	57	43	36	33	33	14	15

* No managed care program for behavioral health services.

** Utah's managed care program is specific to mental health services only and is therefore not applicable to this chart.

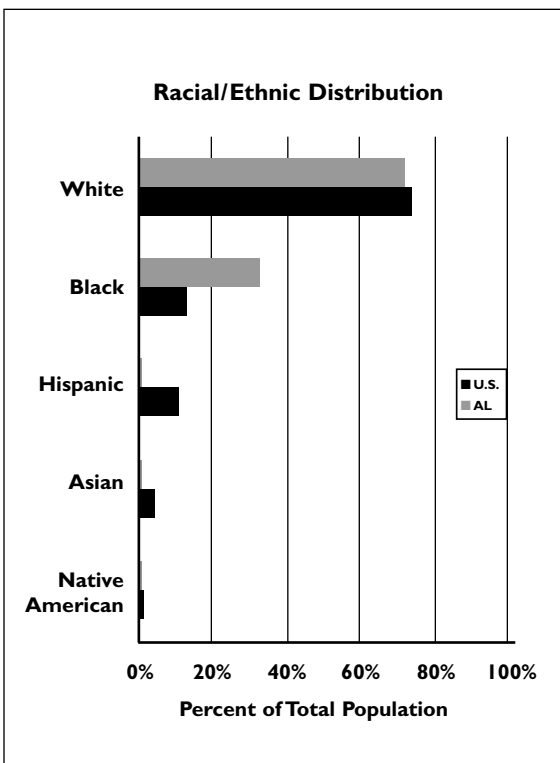
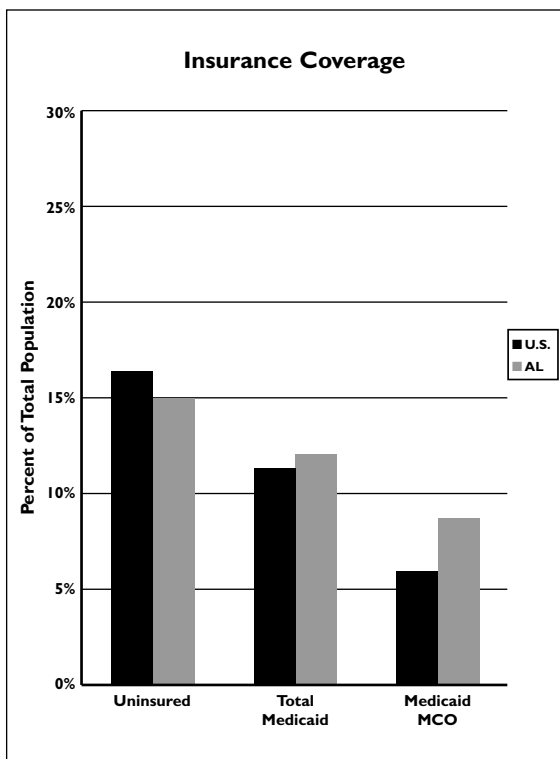
*** Virginia's managed care programs are specific to mental health services only and are therefore not applicable to this chart.

Section V. General State Characteristics, State Profiles, and Program-Specific Information

Alabama

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Alabama	United States	Rank in U.S.
Total Population:	4,319,000	267,636,000	23 of 51
Total Uninsured:	659,000	43,448,000	22 of 51
Total Medicaid:	510,847	30,009,674	16 of 51
Medicaid MCO:	362,272	15,760,205	11 of 51

Persons Below Poverty Level

Percent of Population: 14%

Rank in United States: 16 of 51

Mental Health and Substance Abuse Expenditures

	Alabama	United States	Rank in U.S.
Total SA Spending:	\$21,460,890	\$3,936,438,471	34 of 51
Total MH Spending:	\$203,747,381	\$16,134,317,777	25 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Alabama:	27,384	161,017	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	30 of 51	27 of 51	N/A

Racial and Ethnic Distribution

	Alabama	United States	Rank in U.S.
White:	3,122,000	194,571,000	36 of 51
Black:	1,120,000	33,947,000	7 of 51
Hispanic:	34,000	26,763,000	47 of 51
Asian:	28,000	10,033,000	49 of 51
Native American:	15,000	2,322,000	33 of 51

*See appendix A for data sources

N/A—Data not available

Alabama

Data as of July 1999



OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Alabama has one Medicaid managed care program that provides behavioral health services. The program, known as Better Access for You (BAY), operates in Mobile County only and integrates behavioral health into a primary care model. BAY is an integrated general health plan that provides all of the mandatory benefits for physical health, mental health, and substance abuse for Temporary Assistance to Needy Families (TANF), Sixth Omnibus Budget Reconciliation Act (SOBRA), Supplemental Security Income (SSI), and uninsured and underinsured populations. The State Medicaid agency contracts with a federally qualified nonprofit health maintenance organization (HMO), which, in turn, subcontracts all behavioral health services to a local community mental health center. The program is solely financed through Medicaid dollars.

Non-Managed Care

Except in Mobile County, all Medicaid-funded behavioral health services are excluded from managed care and remain in the fee-for-service system in Alabama. For mental health services funded by the State mental health authority, the Department of Mental Health and Mental Retardation (DMHMR) contracts with a network of 22 local Community Mental Health Centers (CMHCs) and directly operates seven inpatient facilities to provide public mental health services excluded from managed care. For substance abuse services funded by the State mental health authority, the DMHMR purchases services through fee-for-service contracts, including direct contracts with service providers and master contracts with county or municipal entities.

Alabama

Data as of July 1999

BETTER ACCESS FOR YOU (BAY)

Administration and Financing

Date of Implementation	05/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Alabama

Data as of July 1999

BETTER ACCESS FOR YOU (BAY)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 42,566

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☒ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐*

☐*

☐*

☐*

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

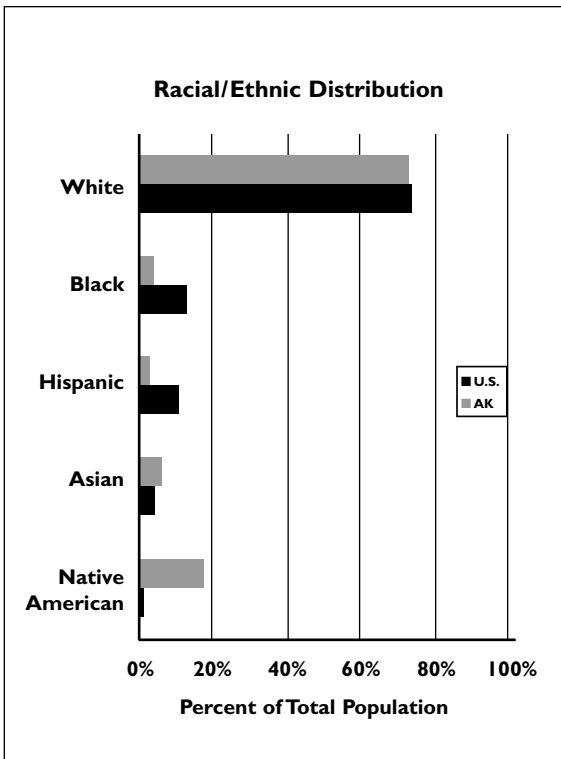
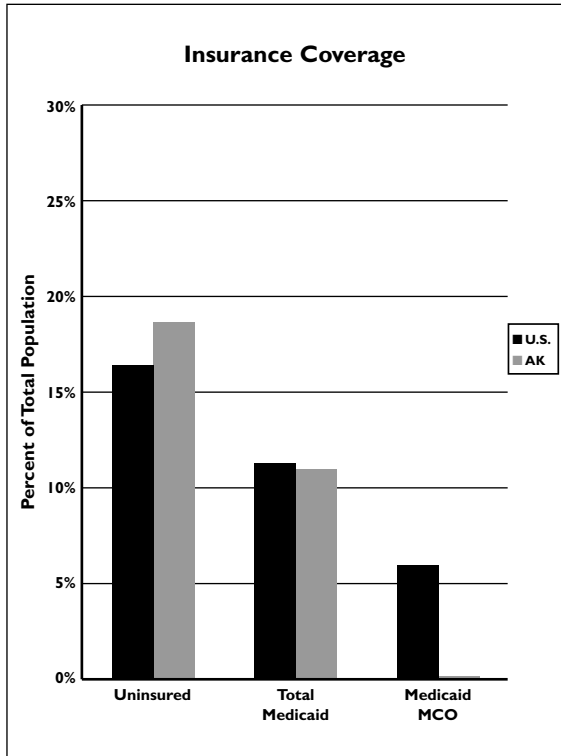
*** To be determined

**** Data not collected on these population categories

Alaska

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Alaska	United States	Rank in U.S.
Total Population:	610,000	267,636,000	48 of 51
Total Uninsured:	116,000	43,448,000	9 of 51
Total Medicaid:	65,936	30,009,674	26 of 51
Medicaid MCO:	0	15,760,205	51 of 51

Persons Below Poverty Level

Percent of Population: 8%

Rank in United States: 46 of 51

Mental Health and Substance Abuse Expenditures

	Alaska	United States	Rank in U.S.
Total SA Spending	\$25,462,400	\$3,936,438,471	30 of 51
Total MH Spending:	\$46,781,000	\$16,134,317,777	46 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Alaska:	4,548	20,396	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	4 of 51	46 of 51	N/A

Racial and Ethnic Distribution

	Alaska	United States	Rank in U.S.
White:	443,000	194,571,000	34 of 51
Black:	24,000	33,947,000	34 of 51
Hispanic:	19,000	26,763,000	23 of 51
Asian:	27,000	10,033,000	6 of 51
Native American:	97,000	2,322,000	1 of 51

*See appendix A for data sources

N/A—Data not available

Alaska

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

To date, Alaska has excluded behavioral health services from managed care.

Non-Managed Care

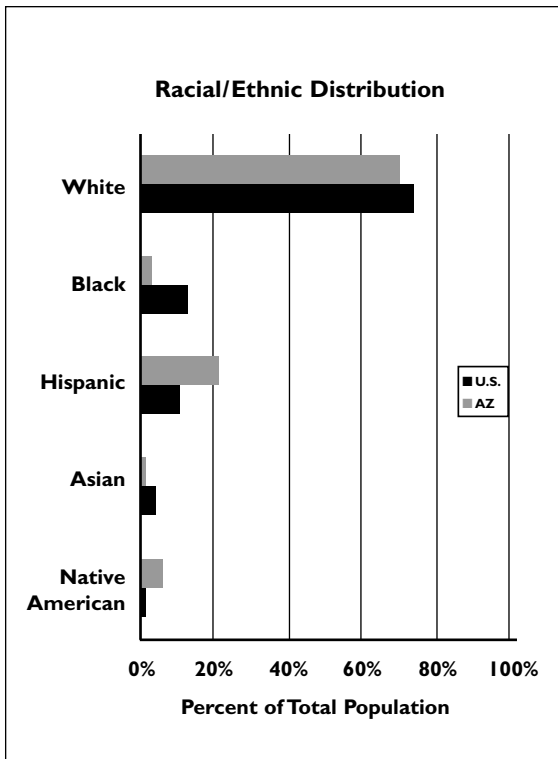
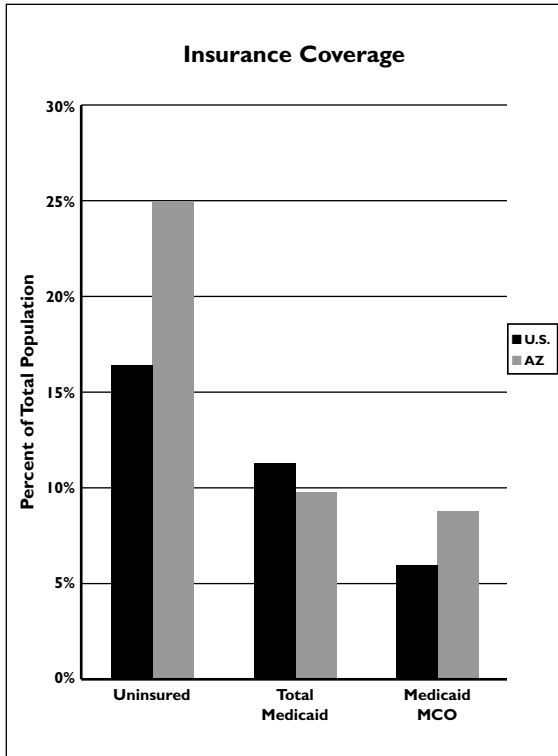
All Medicaid, mental health, and substance abuse services remain under the traditional fee-for-service system. The Department of Health and Human Services contracts with five mental health regional

administrators responsible for overseeing community mental health services. In addition, the State contracts with one inpatient facility to provide psychiatric services. Substance abuse services funded by the State substance abuse authority (the Division of Alcoholism and Drug Abuse) are purchased under several types of arrangements. These arrangements include direct contracts with service providers and master contracts with county entities.

Arizona

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Arizona	United States	Rank in U.S.
Total Population:	4,555,000	267,636,000	21 of 51
Total Uninsured:	1,141,000	43,448,000	2 of 51
Total Medicaid:	432,809	30,009,674	29 of 51
Medicaid MCO:	368,344	15,760,205	13 of 51

Persons Below Poverty Level

Percent of Population: 21%

Rank in United States: 3 of 51

Mental Health and Substance Abuse Expenditures

	Arizona	United States	Rank in U.S.
Total SA Spending:	\$35,919,191	\$3,936,438,471	23 of 51
Total MH Spending:	\$304,181,500	\$16,134,317,777	18 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Arizona:	27,101	144,942	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	40 of 51	48 of 51	N/A

Racial and Ethnic Distribution

	Arizona	United States	Rank in U.S.
White:	3,113,000	194,571,000	40 of 51
Black:	161,000	33,947,000	35 of 51
Hispanic:	933,000	26,763,000	4 of 51
Asian:	93,000	10,033,000	20 of 51
Native American:	255,000	2,322,000	6 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Arizona currently operates two managed care programs that provide behavioral health services—one for comprehensive physical and behavioral health services (the Arizona Health Care Cost Containment System/AHCCCS) and one for wrap-around child welfare services (Interagency Case Management Project/ICMP).

Under AHCCCS, the State provides behavioral health managed care services through two arrangements: (1) ADHS: a behavioral health “carve-out” for all serious emotional disturbances (SED) and non-SED children under 18 years old and all seriously mentally ill (SMI) and non-SMI adults; and (2) ALTCS: a “carve-in” long-term care system that offers acute medical care services, institutional services, and home and community-based services to the elderly and physically disabled populations.

Under the carve-out, the Arizona Department of Health Services (ADHS) contracts with five Regional Behavioral Health Authorities (RBHAs). All of the State’s RBHAs were originally private, nonprofit corporations; however, the RBHAs now include four nonprofits and one private for-profit entity in Maricopa county. A private entity became Maricopa’s RBHA in February 1999. RBHAs receive State dollars and block grant funds to provide behavioral health services to non-Medicaid populations based on appropriations from ADHS. For Title XIX-eligible individuals, the RBHAs receive a capitated per member, per month rate for Medicaid covered services. Depending on the RBHA, provider contracts are either capitated or paid on a fee-for-service basis.

Under the Arizona Long-Term Care System (ALTCS), the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) contracts with a network of eight program contractors to provide services for the elderly and developmentally or physically disabled population. ALTCS is funded by Federal, State, and county monies. Program contractors are paid prospectively on a capitated basis. ALTCS capitation rates are blended rates that include nursing facility, home- and community-based, acute medical care, behavioral health, and case management services.

The second program, Interagency Case Management Project (ICMP), is the result of a Children’s Behavioral Health Intergovernmental Agreement (IGA), in which five agencies with intersecting responsibilities for children came together to form an interagency case management project in two counties. The Department of Health Services, Division of Behavioral Health Services (BHS) is the lead agency. The 5-year pilot projects operating in Mohave and Maricopa counties receive funding from the Arizona Department of Economic Security (ADES), the Administrative Office of the Arizona Supreme Court (AOC), the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/BHS), and the Arizona Department of Juvenile Corrections (ADJC).

Non-Managed Care

Not applicable. All Medicaid services as well as programs funded by the State Mental Health and Substance Abuse Authorities are provided through the RBHAs under managed care arrangements.

Arizona

Data as of July 1999

AHCCCS BEHAVIORAL HEALTH CARVE-OUT

Administration and Financing

Date of Implementation	10/01/1982		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
	Status of Program: Implemented		
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation	<input type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State Mental Health	<input checked="" type="checkbox"/> State Substance Abuse	<input checked="" type="checkbox"/> MH Block Grant
<input checked="" type="checkbox"/> SA Block Grant	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input checked="" type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Tobacco tax			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
	<input checked="" type="checkbox"/> Other: Arizona Department of Health Services		
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: Regional BH Authority		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Arizona

Data as of July 1999

AHCCCS BEHAVIORAL HEALTH CARVE-OUT

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 24,431

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> General Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Uninsured | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Underinsured | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input checked="" type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input checked="" type="checkbox"/> Other: Case management | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Arizona

Data as of July 1999

AHCCCS-ARIZONA LONG-TERM CARE SYSTEM

Administration and Financing

Date of Implementation	12/19/1988		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Implemented	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input checked="" type="checkbox"/> Other: Department of Health Services																				
Primary Contractors	<table><tr><td>Public <input checked="" type="checkbox"/></td><td>Private <input checked="" type="checkbox"/></td><td>Partnership <input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> County/Local Government</td><td><input type="checkbox"/> HMO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Center</td><td><input type="checkbox"/> BHMCO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input checked="" type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>			Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>																			
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO																				
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO																				
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																				
<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																				
Primary Contractor Payments	<table><tr><td><input checked="" type="checkbox"/> Full capitation</td><td><input type="checkbox"/> Partial capitation</td><td><input type="checkbox"/> Global budget</td></tr><tr><td><input type="checkbox"/> Fixed fees</td><td><input type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>			<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget																			
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																			

Arizona

Data as of July 1999

AHCCCS-ARIZONA LONG-TERM CARE SYSTEM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 26,000

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Arizona

Data as of July 1999

INTERAGENCY CASE MANAGEMENT PROJECT (ICMP)

Administration and Financing

Date of Implementation	12/20/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> ASO <input checked="" type="checkbox"/> Other: Primary Care Case Management		
Program Funding			
<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant			
<input checked="" type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input checked="" type="checkbox"/> Corrections			
<input checked="" type="checkbox"/> Other: Administrative Office of the Arizona Supreme Court, Arizona Department of Economic Security			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Division of Behavioral Health Services			
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Arizona

Data as of July 1999

INTERAGENCY CASE MANAGEMENT PROJECT (ICMP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services*

Mental Health Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

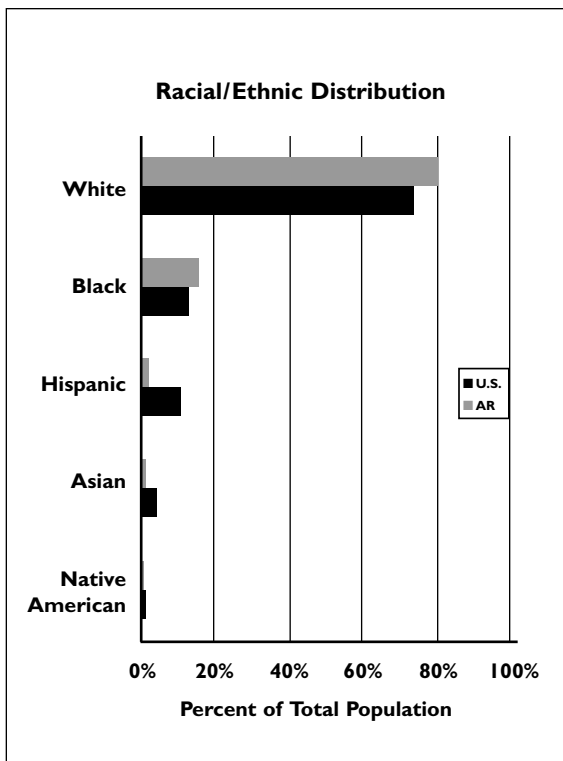
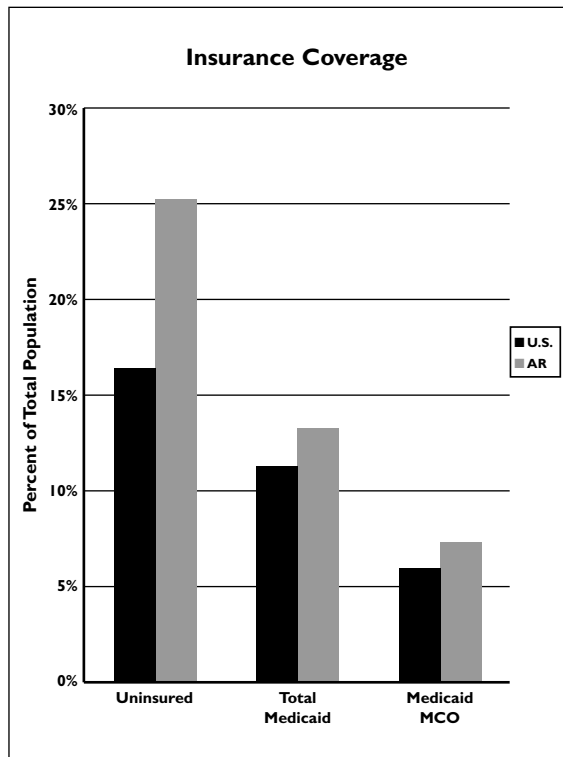
*** To be determined

**** Data not collected on these population categories

Arkansas

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Arkansas	United States	Rank in U.S.
Total Population:	2,523,000	267,636,000	33 of 51
Total Uninsured:	639,000	43,448,000	1 of 51
Total Medicaid:	332,809	30,009,674	13 of 51
Medicaid MCO:	186,215	15,760,205	19 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 6 of 51

Mental Health and Substance Abuse Expenditures

	Arkansas	United States	Rank in U.S.
Total SA Spending:	\$16,425,607	\$3,936,438,471	37 of 51
Total MH Spending:	\$75,368,134	\$16,134,317,777	38 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Arkansas:	16,886	93,398	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	18 of 51	31 of 51	N/A

Racial and Ethnic Distribution

	Arkansas	United States	Rank in U.S.
White:	2,046,000	194,571,000	28 of 51
Black:	406,000	33,947,000	13 of 51
Hispanic:	40,000	26,763,000	36 of 51
Asian:	18,000	10,033,000	45 of 51
Native American:	13,000	2,322,000	23 of 51

*See appendix A for data sources

N/A—Data not available

Arkansas

Data as of July 1999



OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

In August 1998, the Arkansas Department of Human Services signed a contract with Arkansas Behavioral Care (ABC) to implement Benefit Arkansas, a managed care program providing behavioral health services and therapeutic foster care services to Temporary Assistance to Needy Families (TANF)-eligible youth or those children in State custody. This population includes youth age 20 and under. Under this program, substance abuse services are provided only for the dually diagnosed children.

The State contracts with ABC, a limited liability corporation formed by the State's Community Mental Health Centers, and a private, for-profit behavioral health managed care organization (BHMCO) on a full risk basis. Benefit Arkansas is funded through a combination of Medicaid, Title IV-E, and State General Revenue dollars. Despite a delay in waiver approval, ABC has moved forward with implementation.

Non-Managed Care

Medicaid mental health services for adults remain under the traditional fee-for-service (FFS) programs. All Medicaid substance abuse services remain FFS, except for those provided to dually diagnosed children under Benefit Arkansas. Mental health programs funded by the State mental health authority are not included under managed care programs. For these programs, the Division of Mental Health Services (DMHS) contracts with 15 CMHCs to provide community-based public sector mental health services and operates two psychiatric facilities to treat acute chronic psychiatric conditions. For public Alcohol and Other Drug (AOD) programs funded by the substance abuse authority, the DMHS operates substance abuse outpatient facilities, while community-based residential services are operated under direct contracts with the Bureau of Alcohol and Drug Abuse Prevention. The Bureau contracts directly with providers and 33 nonprofit organizations to provide services. These services are funded through block grants and State monies.

Arkansas

Data as of July 1999

BENEFIT ARKANSAS

Administration and Financing

Date of Implementation	10/01/1999		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input checked="" type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: General Revenue		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	BHMCOs and CMHCs	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Arkansas

Data as of July 1999

BENEFIT ARKANSAS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 191,739

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☒ Foster Care***

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

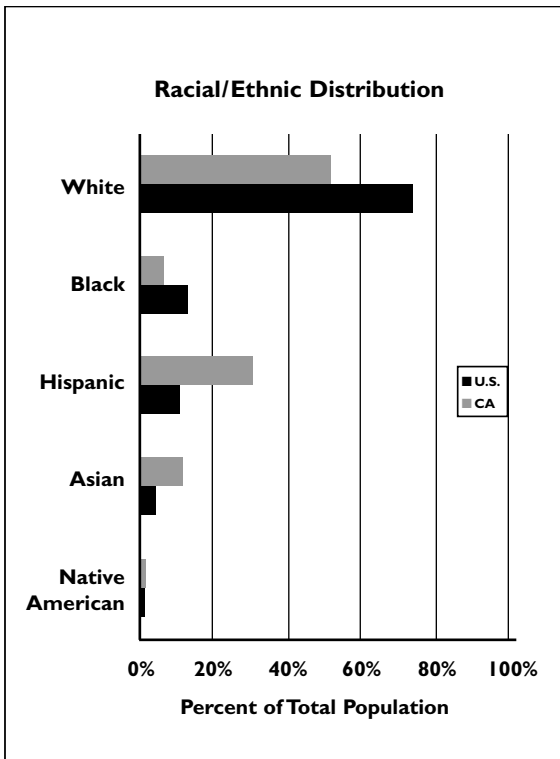
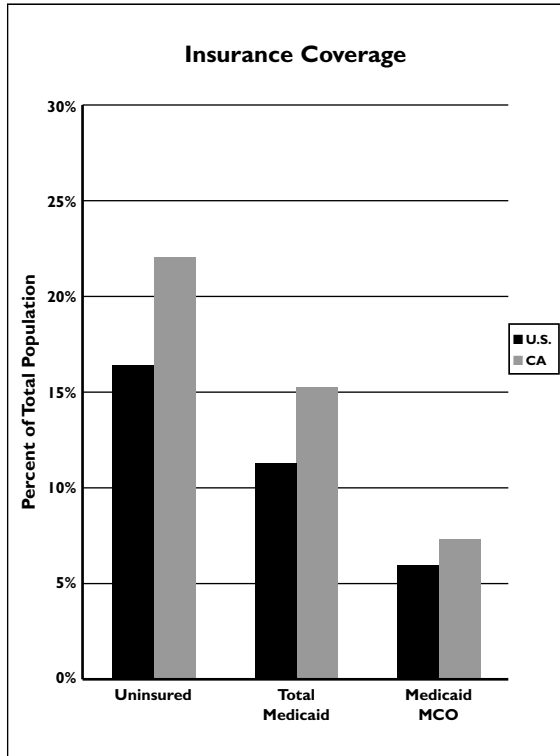
*** To be determined

**** Data not collected on these population categories

California

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	California	United States	Rank in U.S.
Total Population:	32,269,000	267,636,000	1 of 51
Total Uninsured:	7,095,000	43,448,000	5 of 51
Total Medicaid:	4,901,159	30,009,674	6 of 51
Medicaid MCO:	2,246,406	15,760,205	21 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 9 of 51

Mental Health and Substance Abuse Expenditures

	California	United States	Rank in U.S.
Total SA Spending:	\$488,578,000	\$3,936,438,471	2 of 51
Total MH Spending:	\$1,865,138,689	\$16,134,317,777	2 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
California:	198,448	1,188,502	574,370
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	35 of 51	34 of 51	2 of 26

Racial and Ethnic Distribution

	California	United States	Rank in U.S.
White:	16,482,000	194,571,000	48 of 51
Black:	2,397,000	33,947,000	26 of 51
Hispanic:	9,306,000	26,763,000	2 of 51
Asian:	3,777,000	10,033,000	2 of 51
Native American:	307,000	2,322,000	16 of 51

*See appendix A for data sources

N/A—Data not available

California

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

California operates three managed care programs:

1. Medi-Cal Specialty Mental Health Services Consolidation Program
2. Medi-Cal Managed Care
3. Medi-Cal Two Plan Model

I. Medi-Cal Mental Health and the Specialty Mental Health Services Consolidation Carve-Out

Specialty mental health services are being delivered under three managed care models. The primary model, known as The Medi-Cal Specialty Mental Health Services Consolidation program, operates through county mental health departments in all but 2 of California's 58 counties. The Department of Mental Health (DMH) administers the program under an interagency agreement with the Department of Health and the State Medicaid Agency. DMH contracts with county mental health departments to function as the single county Mental Health Plan (MHP). Under the MHP, counties are responsible for authorizing and paying for all inpatient and outpatient Medicaid (Medi-Cal in California) specialty mental health services formerly provided under the fee-for-service Medi-Cal program under the managed care plan, as well as county-funded services administered under a separate system prior to managed care (formerly known as the Short-Doyle Medi-Cal program). The MHPs contract directly with private providers. All but two county mental health agencies (San Diego and Orange) act as plan managers. Both of these counties contract with a private behavioral health managed care organization (BHMCO) to administer significant components of the plan. The program operates under the authority of a Section 1915(b) waiver, because recipients have access to only one mental health plan in each county. MHPs are not at full risk and receive federal reimbursements based

on the services actually provided. State officials are not sure at this time whether the program will move to a capitated system.

A second model is being tested in Solano County. Under The Solano County Field Test, the county mental health agency contracts with a physical health plan, the Partnership Healthplan of California, on a capitated basis to provide psychiatric inpatient hospital and outpatient mental health professional services to Partnership enrollees. The Partnership is a full-risk managed care organization (MCO) contracting with DHS to provide comprehensive health coverage under a Section 1915(b) waiver. The Solano County Field Test is testing the benefits and challenges associated with a capitated payment system and the integration of specialty mental health services in a comprehensive managed care organization.

A third model is being tested in San Mateo County. The San Mateo County Field Test is operated through a separate 1915(b) waiver. Under this authority, San Mateo County Mental Health Services serves Medi-Cal beneficiaries who are also enrolled in the Health Plan of San Mateo, an MCO serving beneficiaries' physical health needs. The field test initially focused on developing the cooperative relationship with physical health MCOs. In July 1998, San Mateo began testing the management of additional financial risk by accepting federal reimbursement on the basis of case rates, rather than cost. In January 1999, the field test began covering mental health pharmacy and related laboratory services on a cost basis.

2. Medi-Cal Physical Health Managed Care

For nonspecialty mental health services, Medi-Cal physical health managed care plans retain some mental health outpatient services if the mental health services are within the primary care physician's scope of practice. If the member's diagnosis is not covered by the local Medi-Cal mental health

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

plan, the plan is required to refer the member to the appropriate FFS Medi-Cal mental health provider, or to the county mental health department, or other community resources. This arrangement exists for the Two Plan model as well as other Medi-Cal managed care models.

3. Medi-Cal Substance Abuse and the Medi-Cal Two Plan Model

Medi-Cal substance abuse services remain carved-out of the Medi-Cal managed care program for physical health except for a limited benefit under the Two Plan model. Under this pilot operating in 12 counties, substance abuse services are integrated with physical health services. Each county offers two plans, one managed by a private for-profit MCO and one managed by a local (quasi-public) entity, to provide physical health and substance abuse services. Services are provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services program, unless the diagnosis is mental health related.

Non-Managed Care

In addition to their Medi-Cal mental health managed care obligations, counties have open-ended responsibilities for the public mental health system under State law. County mental health departments use realignment dollars, county funds, and other funding sources (e.g., SAMHSA funds, State system of care grants) to provide services to individuals who are seriously mentally ill, but are not eligible for Medicaid. The State does not require these services to non-Medicaid clients to be provided through managed care arrangements. County mental health departments use a variety of methods to deliver services to non-Medicaid clients, including

providing services through county clinics and employees and contracting with individual and clinic providers on the basis of case rates, global budgeting, fee-for-service, etc.

Medical substance abuse services are not provided under any managed care arrangement, except for a limited benefit included under the Two Plan Model. Other than the services covered under the Two Plan Model, Medi-Cal substance abuse services (Drug Medi-Cal) are reimbursed based on actual costs or the State Maximum Allowance, whichever is less. DHS transfers money to the Department of Alcohol and Drug Programs (DADP) for these benefits and DADP makes allocations to counties.

Non Medi-Cal programs funded by California's substance abuse authority also remain excluded for managed care programs. For these programs and services, the State DADP contracts with counties through their local Alcohol and Drug Program (ADP) administration. Each county receives an allocation from ADP to administer the alcohol and other drug (AOD) program in that county. The counties have the option to either subcontract with providers or operate county clinics to provide AOD services. Subcontractors are nonprofit, community-based providers. Services are purchased at actual cost.

DADP received a federal grant, TOPPS II, to participate in a pilot project to test elements of a managed system of care. Elements to be tested in the pilot include a standardized assessment instrument, standardized service definitions, and an automated outcome monitoring system. DADP currently meets monthly with key stakeholders to identify and resolve issues and to develop an implementation plan for a substance abuse managed care program.

California

Data as of July 1999

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES CONSOLIDATION

Administration and Financing

Date of Implementation	03/15/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other:	

California

Data as of July 1999

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES CONSOLIDATION

Providers

Provider Payment(s)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 4,966,060

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

☐

☒

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

California

Data as of July 1999

SOLANO COUNTY FIELD TEST

Administration and Financing

Date of Implementation	05/01/1994		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> ASO	
<input type="checkbox"/> Other:			
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Other:		
County Government Health Authority			
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

California

Data as of July 1999

SOLANO COUNTY FIELD TEST

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 42,269

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

☐

☒

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

California

Data as of July 1999

SAN MATEO COUNTY FIELD TEST

Administration and Financing

Date of Implementation	04/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other:	

California

Data as of July 1999

SAN MATEO COUNTY FIELD TEST

Providers

Provider Payment(s)

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

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☒

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☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

California

Data as of July 1999

TWO PLAN MODEL

Administration and Financing

Date of Implementation	01/22/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Other:		
County Government Health Authority			
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

California

Data as of July 1999

TWO PLAN MODEL

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 1,853,938

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☒

☐

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☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☒ Other: Primary mental health services

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

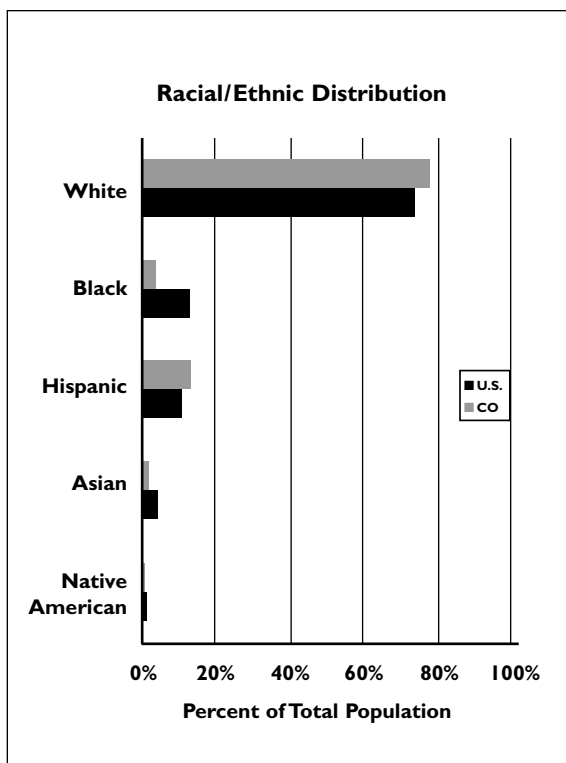
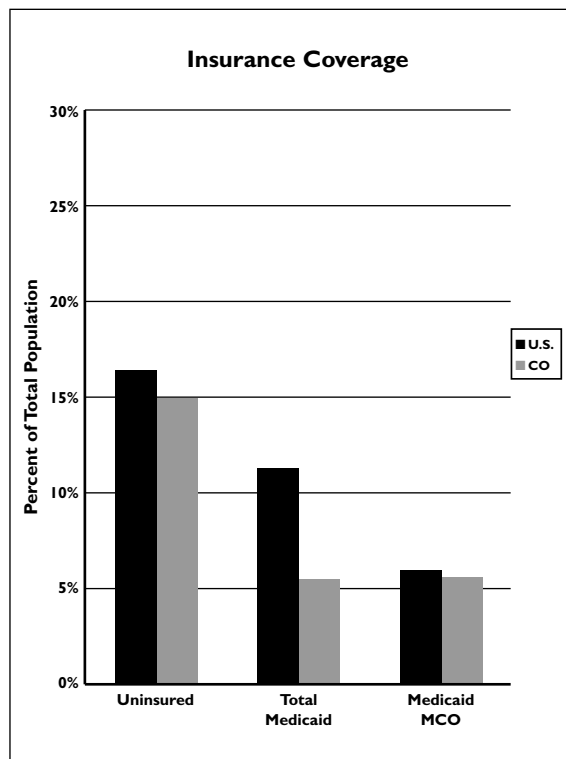
*** To be determined

**** Data not collected on these population categories

Colorado

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Colorado	United States	Rank in U.S.
Total Population:	3,892,000	267,636,000	25 of 51
Total Uninsured:	592,000	43,448,000	23 of 51
Total Medicaid:	218,104	30,009,674	50 of 51
Medicaid MCO:	215,936	15,760,205	29 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 36 of 51

Mental Health and Substance Abuse Expenditures

	Colorado	United States	Rank in U.S.
Total SA Spending:	\$54,817,004	\$3,936,438,471	20 of 51
Total MH Spending:	\$219,002,945	\$16,134,317,777	24 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Colorado:	24,597	131,389	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	31 of 51	45 of 51	N/A

Racial and Ethnic Distribution

	Colorado	United States	Rank in U.S.
White:	3,076,000	194,571,000	30 of 51
Black:	168,000	33,947,000	32 of 51
Hispanic:	522,000	26,763,000	6 of 51
Asian:	90,000	10,033,000	18 of 51
Native American:	36,000	2,322,000	17 of 51

*See appendix A for data sources

N/A—Data not available

Colorado

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Colorado currently operates two managed care programs—one Medicaid program for mental health (Colorado Mental Health Capitation and Managed Care Program ("Mental Health")), and one for substance abuse (Substance Abuse Program) that includes managed care concepts such as single entry process and uniform assessments.

The Mental Health program, which operates under a 1915(b) Medicaid waiver program, is administered by the Department of Human Services, Mental Health Services (MHS) under a written Memorandum of Understanding with the Department of Health Care Policy and Financing, the State Medicaid agency. Populations covered under this program include Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), dually eligible (Medicaid/Medicare), and foster children. The State Mental Health Authority contracts with eight Mental Health Assessment and Service Agencies (MHASAs) on a capitated basis to provide mental health services. Each MHASA is organized in one of four different models:

1. Two Independent Community Mental Health Centers (CMHCs) in four counties.
2. CMHC consortium formed a behavioral health managed care organization (BHMCO) known as (a) Behavioral Healthcare, Inc., which serves three counties, and (b) Northeast Behavioral Health, which serves 12 counties.
3. Public/Private Partnership between BHMCO and CMHCs (which covers 43 southern and western counties).
4. Nonprofit health maintenance organization (HMO) with a private, for-profit administrative services only (ASO) arrangement (Denver only).

The State issued a Request For Proposal (RFP) on May 5, 1999, to rebid contractors who will operate the Mental Health program in the eight geographic service areas of the State, as the first of its 5-year contracts for Medicaid mental health services expires on June 30, 2000. The current contracts amount to approximately \$120 million per year. The State does not anticipate any major changes in contract amounts, with the exception of a possible adjustment for inflation rates. Funded programs would begin on July 1, 2000. This is the first time that all regions of the State will implement contracts at the same time. Only one contractor will be selected to operate the program in each service area. Contractors will receive a monthly prepaid capitated payment for each Medicaid-eligible individual enrolled in the program. Responses to this rebid are due to the State by March 31, 2000.

For substance abuse services, the Alcohol and Drug Abuse Division (ADAD) contracts with four managed service organizations (MSOs) that are public, private, nonprofit, or for-profit depending on the MSO. Each MSO then subcontracts with its provider networks (i.e., essential community providers) to provide assessment-driven treatment services to Medicaid and non-Medicaid adults and children statewide. This program is financed primarily with Federal Substance Abuse Block Grant funds and State general funds. While this program uses managed care techniques, MSOs are not placed at risk.

Non-Managed Care

The MHASAs are responsible for providing all Medicaid mental health services except residential care, which is provided by residential treatment centers on a fee-for-service basis. Mental health services funded by the State Mental Health Authority are not under any managed care arrangements. For these services, the Mental Health Services Division of the Department of Human Services contracts

Colorado

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

with 17 private, nonprofit CMHCs, 5 specialty clinics, and 2 State mental health institutes (Colorado Mental Health Institute at Pueblo (CMHIP) and Colorado Mental Health Institute at Fort Logan (CMHIFL)) to provide public sector mental health services that are delivered through non-managed care programs. Centers and clinics receive budget allocations, while State institutions receive separate appropriations from the State.

All public sector substance abuse treatment services paid by ADAD are included under a managed care arrangement. One exception is services for high-risk pregnant women, which are reimbursed under Medicaid on a fee-for-service basis. Additionally, for substance abuse prevention services, ADAD maintains a separate provider network, which is reimbursed on a fee-for-service basis.

Colorado

Data as of July 1999

COLORADO MENTAL HEALTH CAPITATION AND MANAGED CARE PROGRAM

Administration and Financing

Date of Implementation	07/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:																		
Primary Contractors	<table><tr><td>Public <input checked="" type="checkbox"/></td><td>Private <input checked="" type="checkbox"/></td><td>Partnership <input checked="" type="checkbox"/></td></tr><tr><td><input type="checkbox"/> County/Local Government</td><td><input checked="" type="checkbox"/> HMO</td><td>BHMCO</td></tr><tr><td><input checked="" type="checkbox"/> Community Mental Health Center</td><td><input checked="" type="checkbox"/> BHMCO</td><td>CMHC</td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>	Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO	BHMCO	<input checked="" type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO	CMHC	<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>																	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO	BHMCO																	
<input checked="" type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO	CMHC																	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider																		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																		
Primary Contractor Payments	<table><tr><td><input checked="" type="checkbox"/> Full capitation</td><td><input type="checkbox"/> Partial capitation</td><td><input type="checkbox"/> Global budget</td></tr><tr><td><input type="checkbox"/> Fixed fees</td><td><input type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>	<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget																	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																	

Colorado

Data as of July 1999

COLORADO MENTAL HEALTH CAPITATION AND MANAGED CARE PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 250,000

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Colorado

Data as of July 1999

SUBSTANCE ABUSE PROGRAM

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input checked="" type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input checked="" type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Drug Offender Surcharge Funds			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	Limited Liability Corporations	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: Managed Service Organizations		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input checked="" type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Colorado

Data as of July 1999

SUBSTANCE ABUSE PROGRAM

Providers

Provider Payment(s)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*****

Total Enrolled:*

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA*****

☐ Foster Care*****

Voluntary* Mandatory*

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria*****

Voluntary* Mandatory*

☐ ☐

☐ ☐

☐ ☐

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

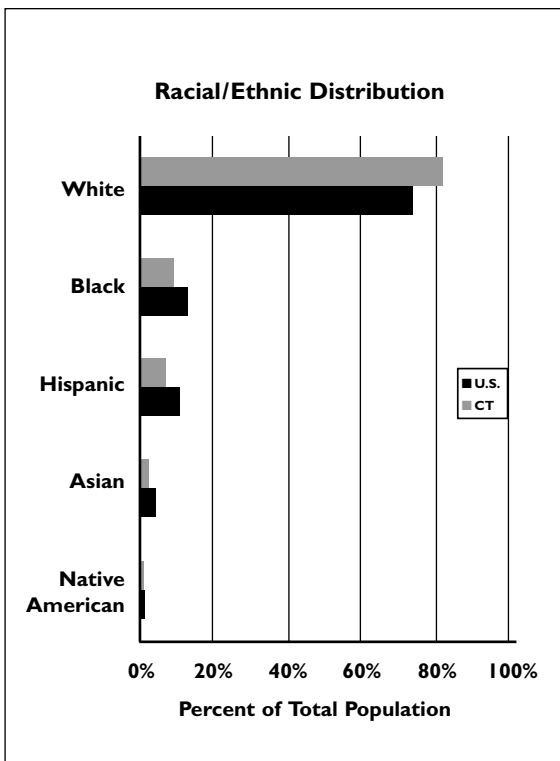
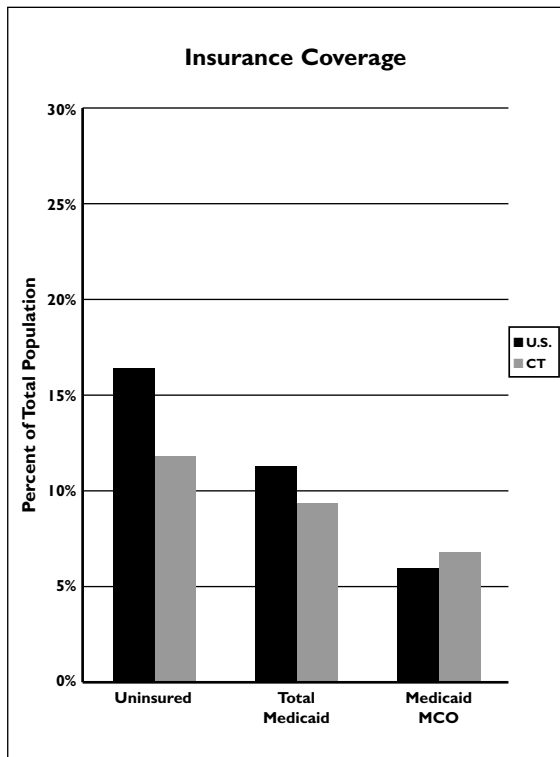
**** Data not collected on these population categories

***** This program also provides services to individuals of Child Welfare Lawsuit Settlement, individuals referred from criminal justice, and individuals convicted of driving under the influence with a Level II sentence.

Connecticut

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Connecticut	United States	Rank in U.S.
Total Population:	3,270,000	267,636,000	28 of 51
Total Uninsured:	395,000	43,448,000	36 of 51
Total Medicaid:	307,243	30,009,674	30 of 51
Medicaid MCO:	220,803	15,760,205	22 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 29 of 51

Mental Health and Substance Abuse Expenditures

	Connecticut	United States	Rank in U.S.
Total SA Spending:	\$112,606,516	\$3,936,438,471	9 of 51
Total MH Spending:	\$324,059,826	\$16,134,317,777	16 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Connecticut:	18,924	137,027	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	47 of 51	3 of 51	N/A

Racial and Ethnic Distribution

	Connecticut	United States	Rank in U.S.
White:	2,657,000	194,571,000	27 of 51
Black:	300,000	33,947,000	22 of 51
Hispanic:	229,000	26,763,000	11 of 51
Asian:	76,000	10,033,000	17 of 51
Native American:	8,000	2,322,000	40 of 51

*See appendix A for data sources

N/A—Data not available

Connecticut

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Connecticut has two managed care programs that include coverage for behavioral health services. One program, known as Husky A, is a statewide Medicaid funded program including acute mental health and substance abuse services as part of an integrated health plan for Temporary Assistance to Needy Families (TANF) populations, pregnant women, and uninsured children. The second program, known as the General Assistance Behavioral Healthcare Program (GABHP), is a statewide behavioral health stand-alone. GABHP is a more specialized program than Husky A in that it covers only mental health and substance abuse services for non-Medicaid low-income adults with specialized behavioral health needs.

Husky A is a health maintenance organization (HMO) program. The State Medicaid agency contracts with four private, for-profit licensed HMOs and one Federally Qualified Health Center (FQHC) to provide and manage services. All but one of the HMOs has a secondary carve-out arrangement with a specialty behavioral health organization for the delivery of mental health and substance abuse services.

Under GABHP, the Department of Mental Health and Addiction Services (DMHAS) contracts with a private for-profit managed behavioral health organization (MBHCO) under an administrative services only (ASO) arrangement. DMHAS defines

the utilization criteria. The behavioral health managed care organization (BHMCO) performs claims processing and subcontracts with a not-for-profit provider organization for utilization management functions for substance abuse and mental health treatment delivered to individuals not eligible for Medicaid but receiving State General Assistance. DMHAS maintains responsibility for service delivery and provider contracting. GABHP is funded through a DMHAS appropriation for the State's General Assistance recipients.

Non-Managed Care

Aside from the General Assistance program noted above, other programs funded by the State mental health authority are not included in managed care. These services are provided, in part, by 15 Local Mental Health Authorities (LMHAs) and 2 State-operated treatment facilities. Six LMHAs are State-operated, and nine are funded by contracts with private not-for-profit agencies. A variety of other mental health services are also operated through contracts with DMHAS.

The DMHAS has a number of arrangements to deliver public sector substance abuse services that are not under any managed care program. These include more than 80 direct contracts with private, not-for-profit service providers funded by a combination of State and Federal sources.



Connecticut

Data as of July 1999

HUSKY A

Administration and Financing

Date of Implementation	09/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: FQHCs		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Connecticut

Data as of July 1999

HUSKY A

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 230,217

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Connecticut

Data as of July 1999

GENERAL ASSISTANCE BEHAVIORAL HEALTHCARE PROGRAM (GABHP)

Administration and Financing

Date of Implementation	08/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees		<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Connecticut

Data as of July 1999

GENERAL ASSISTANCE BEHAVIORAL HEALTHCARE PROGRAM (GABHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|----------------------------|----------------------------|
| <input checked="" type="checkbox"/> General Assistance | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

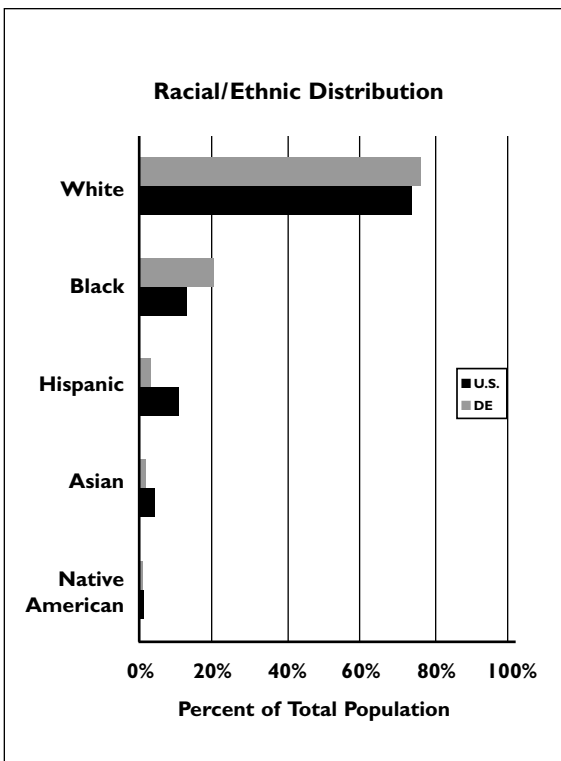
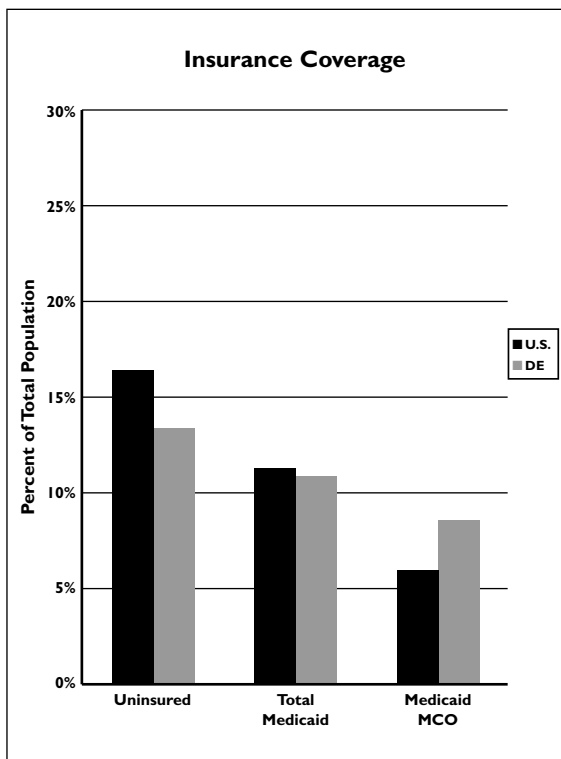
*** To be determined

**** Data not collected on these population categories

Delaware

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Delaware	United States	Rank in U.S.
Total Population:	731,000	267,636,000	46 of 51
Total Uninsured:	98,000	43,448,000	30 of 51
Total Medicaid:	80,794	30,009,674	22 of 51
Medicaid MCO:	62,010	15,760,205	10 of 51

Persons Below Poverty Level

Percent of Population: 9%

Rank in United States: 45 of 51

Mental Health and Substance Abuse Expenditures

	Delaware	United States	Rank in U.S.
Total SA Spending:	\$8,747,229	\$3,936,438,471	44 of 51
Total MH Spending:	\$53,277,593	\$16,134,317,777	45 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Delaware:	4,270	27,153	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	45 of 51	30 of 51	N/A

Racial and Ethnic Distribution

	Delaware	United States	Rank in U.S.
White:	554,000	194,571,000	31 of 51
Black:	140,000	33,947,000	10 of 51
Hispanic:	21,000	26,763,000	27 of 51
Asian:	14,000	10,033,000	21 of 51
Native American:	2,000	2,322,000	37 of 51

*See appendix A for data sources

N/A—Data not available

Delaware

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Delaware operates one statewide mandatory Medicaid managed care program, the Diamond State Health Plan (DSHP). Under DSHP, managed care organizations (MCOs) provide comprehensive physical health services and limited behavioral health benefits to the Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) populations. Once children with serious emotional disturbance (SED) have exhausted benefits provided by the MCOs, the children receive services from the Division of Child Mental Health Services (DCHMS) within the Division of Services for Children, Youth, and Families (DSCYF). The DCMHS serves as a public sector specialty managed care organization, or "partial carve-out" program. Adults with Serious and Persistent Illness (SPI) who exhaust their MCO-covered benefits under DSHP receive services under the Medicaid fee-for-service system.

The DSHP is a public-private partnership that comprises four MCOs—three commercial and one public. The MCOs are fully capitated, at risk, and paid by the Medicaid Office of the Department of Health and Social Services. Two of the three commercial MCOs subcontract with managed behavioral health care organizations (MBHCOs) to provide these services. The third MCO contracts on a fee-for-service basis with community providers. The fourth MCO is DCMHS/DSCYF, which has been accredited by the Joint Commission for Accreditation of Health Care Organizations

(JCAHO). Under this partial carve-out arrangement, a bundled rate has been established as the method of payment; the State will eventually move to a fully capitated payment rate.

Non-Managed Care

Adults needing mental health services beyond the 30/20 basic benefit package and those not eligible for the Diamond State Health Plan are covered under a fee-for-service arrangement. For these services, as well as programs funded by the State Mental Health Authority, the Department of Health and Social Services (DHSS) Division of Alcoholism, Drug Abuse, and Mental Health (DADAMH) provides one State-operated psychiatric hospital, two State-operated Community Mental Health Centers (CMHCs), and contracts with private agencies. The State-operated and contractual programs are financed through Federal and State funds. For Medicaid eligibles, providers contract directly with the Medicaid Agency and are paid on a fee-for-service basis. For non-Medicaid clients, DADAMH uses State and grant monies to purchase services.

Adults with SPI beyond the 30/20 basic benefit package (assuming 30 days inpatient, 20 visits outpatient) and those individuals not eligible for the Diamond State Health Plan are not covered for substance abuse services under any Medicaid managed care arrangement and remain in the fee-for-service system. DADAMH has contractual arrangements with several nonprofit organizations to provide these services.



Delaware

Data as of July 1999

DIAMOND STATE HEALTH PLAN

Administration and Financing

Date of Implementation	01/01/1996		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input checked="" type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input checked="" type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: DSCYF (children's services)		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO	MCO	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	DSCYF	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other: DSCYF (bundled rate)	

Delaware

Data as of July 1999

DIAMOND STATE HEALTH PLAN

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations****

Total Enrolled: 68,509

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

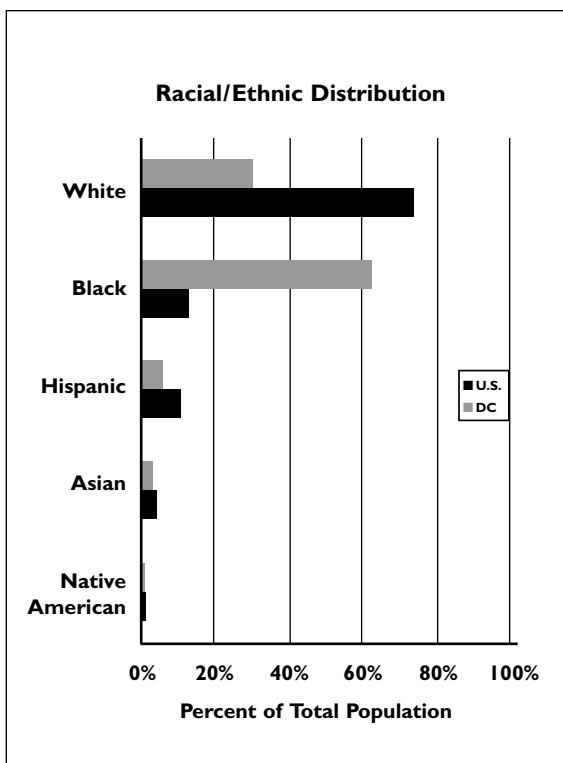
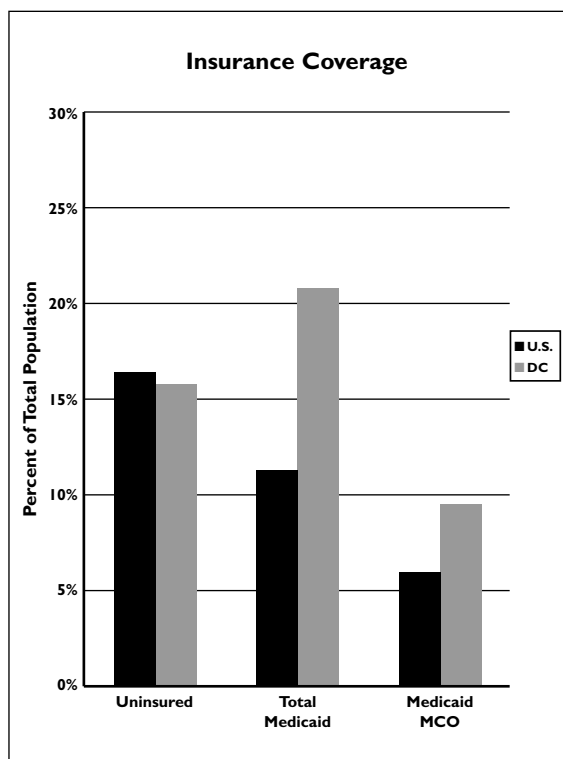
**** Data not collected on these population categories

***** This program also provides services to adults under the Federal poverty level.

District of Columbia

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	DC	United States	Rank in U.S.
Total Population:	530,000	267,636,000	50 of 51
Total Uninsured:	84,000	43,448,000	19 of 51
Total Medicaid:	112,645	30,009,674	2 of 51
Medicaid MCO:	51,022	15,760,205	5 of 51

Persons Below Poverty Level

Percent of Population: 24%

Rank in United States: N/A

Mental Health and Substance Abuse Expenditures

	DC	United States	Rank in U.S.
Total SA Spending:	\$26,057,026	\$3,936,438,471	27 of 51
Total MH Spending:	\$176,381,020	\$16,134,317,777	27 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
District of Columbia:	2,418	26,450	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	51 of 51	1 of 51	N/A

Racial and Ethnic Distribution

	DC	United States	Rank in U.S.
White:	148,000	194,571,000	51 of 51
Black:	333,000	33,947,000	1 of 51
Hispanic:	31,000	26,763,000	14 of 51
Asian:	16,000	10,033,000	13 of 51
Native American:	2,000	2,322,000	31 of 51

*See appendix A for data sources

N/A—Data not available

District of Columbia

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

The District of Columbia operates one Medicaid voluntary managed care program that includes behavioral health services for children with complex service needs. The District contracts with Health Services for Children with Special Needs (HSCSN), a private, nonprofit managed care organization responsible for managing the program's provider network. HSCSN, which currently operates under a 1915(b) waiver, fully integrates physical, mental, and substance abuse services for persons age 21 and under who receive Supplemental Security Income (SSI) benefits.

Non-Managed Care

All public sector mental health services, aside from those provided to children with special health care needs through the HSCSN program, are excluded from managed care programs. Medicaid acute mental health and substance abuse services are provided on a fee-for-service basis. The D.C. Commission on Mental Health Services (CMHS) supports two Community Mental Health Centers (CMHCs) and one district-operated hospital to provide public mental health services. CMHS also provides case management, psychosocial, housing, outreach, and other services via contract with local mental health providers. In addition, several mental health community agencies provide services independent of

CMHS and bill Medicaid directly. More specifically, the Medical Assistance Administration has provider agreements with freestanding CMHCs, day treatment centers, physicians, and hospitals for behavioral health services. Physicians and hospitals also provide substance abuse services.

Substance abuse services funded by the District's Substance Abuse Authority are excluded from managed care programs. For these programs, the Substance Abuse Authority purchases services under several types of arrangements, including direct contracts with service providers and direct district service operations. In October 1999, low-income DC residents were to become eligible for substance abuse treatment under Medicaid as part of Mayor Anthony Williams's proposal to increase access to treatment and to improve the quality and scope of substance abuse treatment programs in the District. The Mayor's proposed 2000 budget for the District's Substance Abuse Authority, the Addiction Prevention and Recovery Administration (APRA), will be reduced somewhat, but additional APRA dollars will be available for residential treatment beds because a larger number of individuals requiring substance abuse treatment will be eligible for Medicaid-reimbursable treatment. The District is still considering whether substance abuse services will be included or excluded from managed care arrangements.



District of Columbia

Data as of July 1999

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS (HSCSN)

Administration and Financing

Date of Implementation	02/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: Managed care entity formed to serve DC		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

District of Columbia

Data as of July 1999

HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS (HSCSN)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 1,778

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

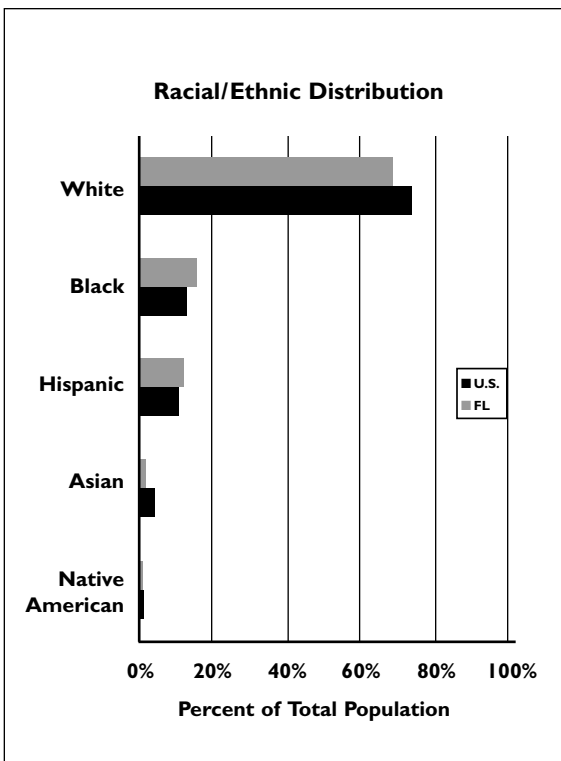
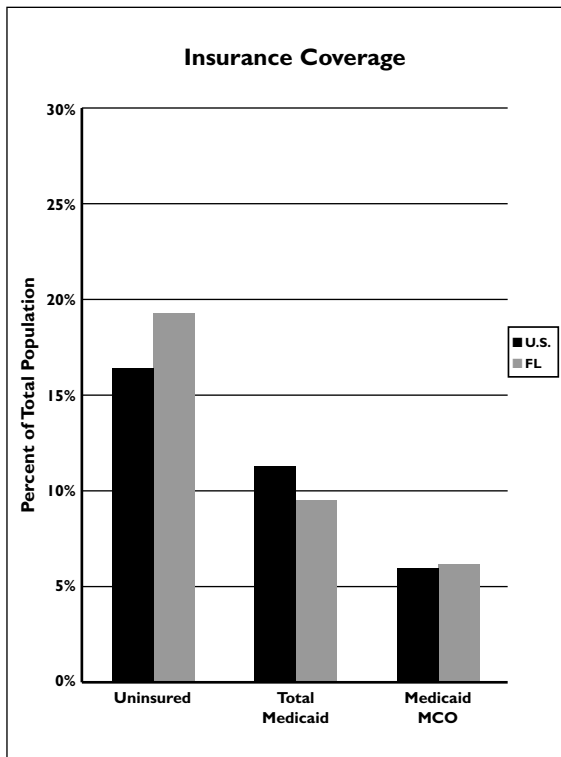
*** To be determined

**** Data not collected on these population categories

Florida

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Florida	United States	Rank in U.S.
Total Population:	14,654,000	267,636,000	4 of 51
Total Uninsured:	2,817,000	43,448,000	8 of 51
Total Medicaid:	1,417,854	30,009,674	28 of 51
Medicaid MCO:	915,554	15,760,205	25 of 51

Persons Below Poverty Level

Percent of Population: 14%

Rank in United States: 15 of 51

Mental Health and Substance Abuse Expenditures

	Florida	United States	Rank in U.S.
Total SA Spending:	\$270,485,154	\$3,936,438,471	3 of 51
Total MH Spending:	\$637,878,797	\$16,134,317,777	6 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Florida:	81,185	543,871	186,106
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	50 of 51	29 of 51	13 of 26

Racial and Ethnic Distribution

	Florida	United States	Rank in U.S.
White:	10,141,000	194,571,000	39 of 51
Black:	2,253,000	33,947,000	14 of 51
Hispanic:	1,952,000	26,763,000	7 of 51
Asian:	253,000	10,033,000	23 of 51
Native American:	55,000	2,322,000	31 of 51

*See appendix A for data sources

N/A—Data not available

Florida

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Medicaid managed care is delivered through four initiatives in Florida: (1) A statewide primary care case management plan, (2) a statewide voluntary health maintenance organization (HMO) program, (3) a mental health standalone in the Tampa Bay area (Prepaid Mental Health Plan/PMHP), and (4) a utilization management program (Behavioral Health Care Utilization Management Service) for inpatient behavioral health services.

Medicaid recipients may choose between enrolling in a health maintenance organization or the primary care case management plan for physical health services. Other than in the Tampa Bay area (under the PMHP), mental health and substance abuse services are excluded from these plans and provided on a fee-for-service basis. The Medicaid PMHP is operating in five counties (Hillsborough, Hardee, Highlands, Manatee, and Polk), and recipients in Temporary Assistance to Needy Families, Foster Care, SOBRA, and Supplemental Security Income with no Medicare categories are eligible. Medicaid pays a capitation rate to cover mandatory mental health services for eligible recipients residing in the area. The mandatory covered services include mental health-related inpatient, outpatient, and physician services; community mental health services; and targeted case management. Proposed legislation is expected during 2000 to add substance abuse treatment to the benefit package and to expand the carve-out into additional geographic areas.

The Behavioral Health Care Utilization Management Service program is a utilization review program that addresses mental health and substance

abuse services within the fee-for-service system. The program is implemented statewide and the Medicaid agency contracts with a private utilization review firm to administer this program. The responsibilities of the firm include performing prior authorization of all Medicaid mental health and substance abuse-related inpatient admissions, continued stay reviews, retrospective reviews, and utilization management of Medicaid-funded behavioral health services for recipients with a history of high service utilization or costs.

Non-Managed Care

While Florida operates four managed care programs that include some behavioral health services, the majority of enrollees in need of mental health and substance abuse care receive it under the fee-for-service system. All Medicaid mental health and substance abuse services provided outside of the Tampa Bay area remain fee-for-service. Florida's State Mental Health Authority contracts with local providers, comprehensive community mental health centers, and nonlimited purpose organizations for community-based public sector mental health services that are excluded from managed care. These organizations are paid a cost-based rate per service unit. Florida maintains 4 psychiatric facilities, 2 forensic facilities, and 1 violent sexual predator facility. Substance abuse services funded by the State's Substance Abuse Authority are excluded from managed care and purchased by the Substance Abuse Authority under several types of arrangements. These include direct contracts with service providers.



Florida

Data as of July 1999

PREPAID MENTAL HEALTH PROGRAM (PMHP)

Administration and Financing

Date of Implementation	03/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	Community mental health centers	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	Private BHMCO	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Florida

Data as of July 1999

PREPAID MENTAL HEALTH PROGRAM (PMHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 40,408

Medicaid

Population

- | | Voluntary | Mandatory |
|---|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SOBRA*** | | |
| <input checked="" type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Florida

Data as of July 1999

BEHAVIORAL HEALTH CARE UTILIZATION MANAGEMENT SERVICE

Administration and Financing

Date of Implementation	01/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Other: Behavioral Health Utilization Management Firm	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Florida

Data as of July 1999

BEHAVIORAL HEALTH CARE UTILIZATION MANAGEMENT SERVICE

Providers

Provider Payment(s)**

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

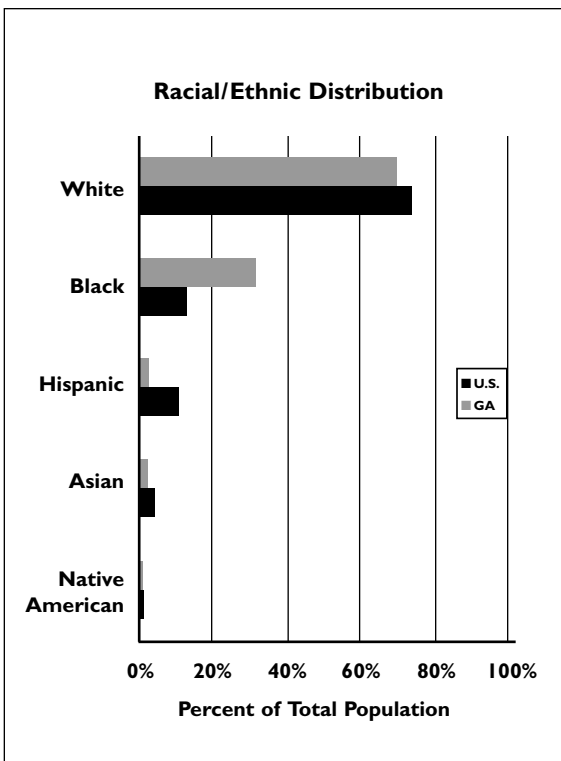
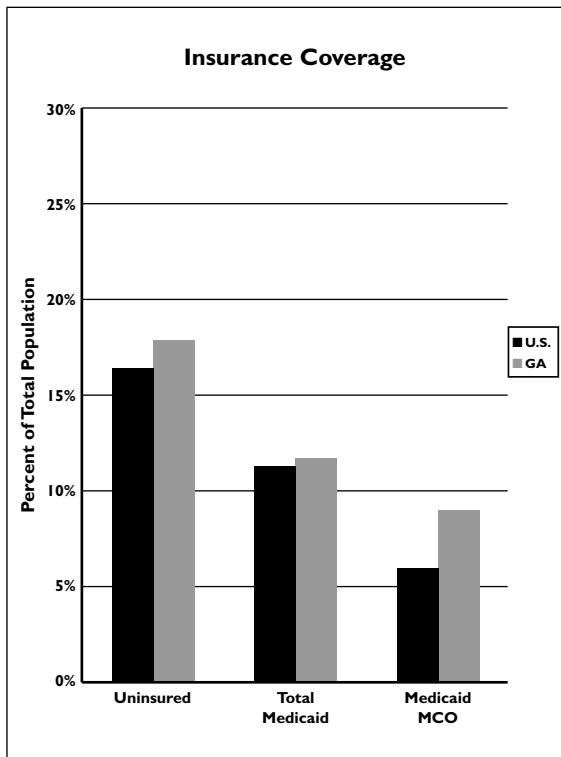
*** To be determined

**** Data not collected on these population categories

Georgia

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Georgia	United States	Rank in U.S.
Total Population:	7,485,000	267,636,000	10 of 51
Total Uninsured:	1,344,000	43,448,000	12 of 51
Total Medicaid:	882,636	30,009,674	18 of 51
Medicaid MCO:	673,528	15,760,205	7 of 51

Persons Below Poverty Level

Percent of Population: 15%

Rank in United States: 14 of 51

Mental Health and Substance Abuse Expenditures

	Georgia	United States	Rank in U.S.
Total SA Spending:	\$71,537,558	\$3,936,438,471	17 of 51
Total MH Spending:	\$349,090,413	\$16,134,317,777	15 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Georgia:	47,108	256,549	86,838
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	33 of 51	43 of 51	21 of 26

Racial and Ethnic Distribution

	Georgia	United States	Rank in U.S.
White:	5,024,000	194,571,000	42 of 51
Black:	2,126,000	33,947,000	5 of 51
Hispanic:	181,000	26,763,000	28 of 51
Asian:	137,000	10,033,000	22 of 51
Native American:	17,000	2,322,000	44 of 51

*See appendix A for data sources

N/A—Data not available

Georgia

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Georgia's Department of Human Resources has taken its first step into managed behavioral health care this year by contracting with a private sector behavioral health managed care organization (BHMCO) to serve as an external review organization (ERO) for mental health, mental retardation, and substance abuse services reimbursed under the State's Medicaid Clinic Option. The BHMCO provides statewide utilization management and review for approximately 1.2 million eligibles. The ERO is responsible for provider training and quality improvement initiatives for Georgia's provider systems.

In addition, Georgia is considering a plan to allow private companies and organizations to compete with community service boards (CSBs) for Medicaid dollars to provide mental health and substance abuse services to children and adolescents. Under this plan, recipients would be able to choose between receiving care from a CSB or a private contractor and the entities would be reimbursed on

either a capitated or a case rate basis. The plan may be implemented this year.

Non-Managed Care

Medicaid mental health and substance abuse services are excluded from managed care and remain fee-for-service. Under the Georgia Department of Human Resources, the Division of Mental Health, Mental Retardation and Substance Abuse, the State allocates mental health and substance abuse dollars to Regional Boards. The Regional Boards serve as local planning boards that provide consumer assessment and service authorization as funds become available to the 28 CSBs, who deliver services in 13 regions across the State. One local CSB covering a 10-county region has implemented managed care strategies under the fee-for-service system. This CSB provides 24-hour telephone triage, prospective service authorization, and network management services. Georgia also has seven State hospitals that provide short-term treatment and limited long-term treatment for the forensic mentally ill.



Georgia

Data as of July 1999

EXTERNAL REVIEW ORGANIZATION (ERO)

Administration and Financing

Date of Implementation	06/01/1999		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input checked="" type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Georgia

Data as of July 1999

EXTERNAL REVIEW ORGANIZATION (ERO)

Providers*

Provider Payment(s)**

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services*

Mental Health Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

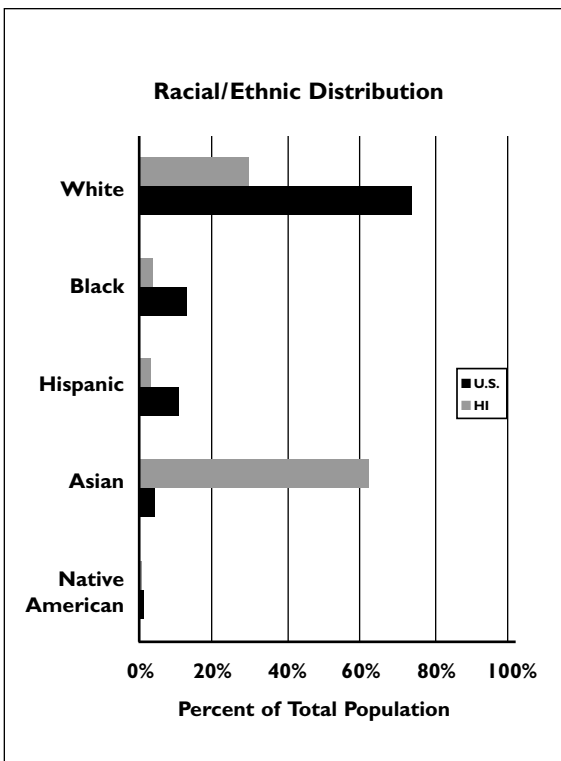
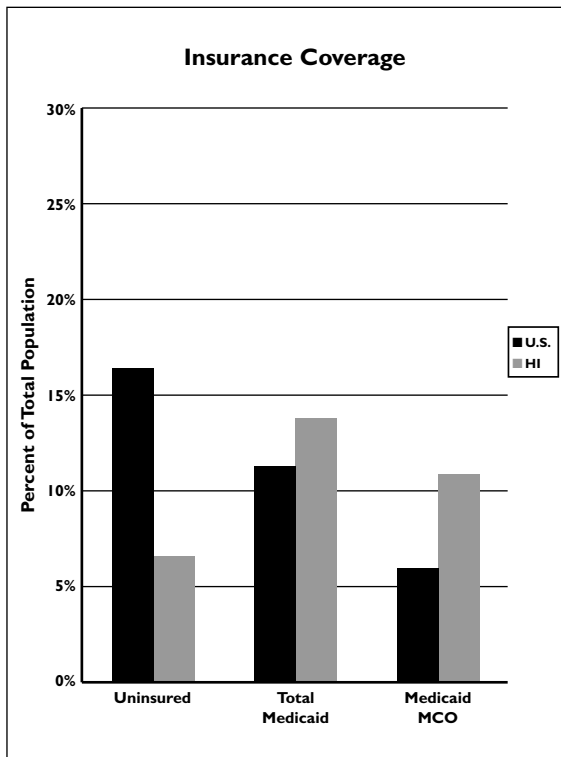
*** To be determined

**** Data not collected on these population categories

Hawaii

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Hawaii	United States	Rank in U.S.
Total Population:	1,187,000	267,636,000	41 of 51
Total Uninsured:	89,000	43,488,000	51 of 51
Total Medicaid:	163,721	30,009,674	11 of 51
Medicaid MCO:	131,761	15,760,205	4 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 22 of 51

Mental Health and Substance Abuse Expenditures

	Hawaii	United States	Rank in U.S.
Total SA Spending:	\$19,253,214	\$3,936,438,471	35 of 51
Total MH Spending:	\$97,100,197	\$16,134,317,777	35 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Hawaii:	7,195	44,718	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	38 of 51	21 of 51	N/A

Racial and Ethnic Distribution

	Hawaii	United States	Rank in U.S.
White:	347,000	194,571,000	50 of 51
Black:	35,000	33,947,000	38 of 51
Hispanic:	49,000	26,763,000	21 of 51
Asian:	749,000	10,033,000	1 of 51
Native American:	7,000	2,322,000	22 of 51

*See appendix A for data sources

N/A—Data not available

Hawaii

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Hawaii operates one managed care program, a general physical and behavioral health program (Hawaii QUEST) for Medicaid eligibles, with a partial carve-out for specialty behavioral health services for adults with serious mental illness (SMI). In 1999, children with serious emotional disturbance (SED) were removed from the carve-out managed care plan and placed back into the fee-for-service system (see nonmanaged care section below).

Under Hawaii QUEST, Hawaii's Department of Human Services, the Med-QUEST Division (Medicaid), contracts with six QUEST health plans to deliver general physical health and a basic mental health and substance abuse benefit to non-SMI individuals. The six plans include two health maintenance organizations and four preferred provider organizations. Under the program's partial carve-out, Medicaid contracts with Hawaii Medical Service Association (HMSA) to deliver specialty mental health and substance abuse services to the SMI population. HMSA subcontracts with Hawaii Biodyne, a for-profit private behavioral health managed care organization, which manages the clinical services. Under QUEST, Hawaii combines three

funding sources: Federal and State Medicaid dollars, general revenue, and State Health Insurance Program (SHIP) dollars. Funds are blended at the State level in the Medicaid Agency's services/benefits budget.

Non-Managed Care

The Adult Mental Health Division and the Alcohol and Drug Abuse Division, under the Department of Health, both contract for public sector mental health services provided in a nonmanaged care environment. In addition, Medicaid is contracting on a fee-for-service basis with the Child and Adolescent Mental Health Division (CMHD) for services provided to SED children. Although the CMHD is not financially at risk for services provided, the agency must meet the same requirements of a managed care entity, such as data reporting requirements. Although SED children were originally included in Hawaii QUEST, the State recently moved the population back into the fee-for-service system because a consent decree requires that children receive care under one single delivery system.



Hawaii

Data as of July 1999

HAWAII QUEST

Administration and Financing

Date of Implementation	08/01/1994		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input checked="" type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Hawaii

Data as of July 1999

HAWAII QUEST

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 128,000

Medicaid

Population

☒ TANF

☐ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☐

☐*

☐*

☐*

☐*

☐

☐

Non-Medicaid

Population

☒ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐*

☐*

☐*

☐*

☐*

☐*

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☒ Other: Psychosocial Rehabilitation; Pre-vocational

☐ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other:

Self-help programs, psychosocial rehabilitation

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

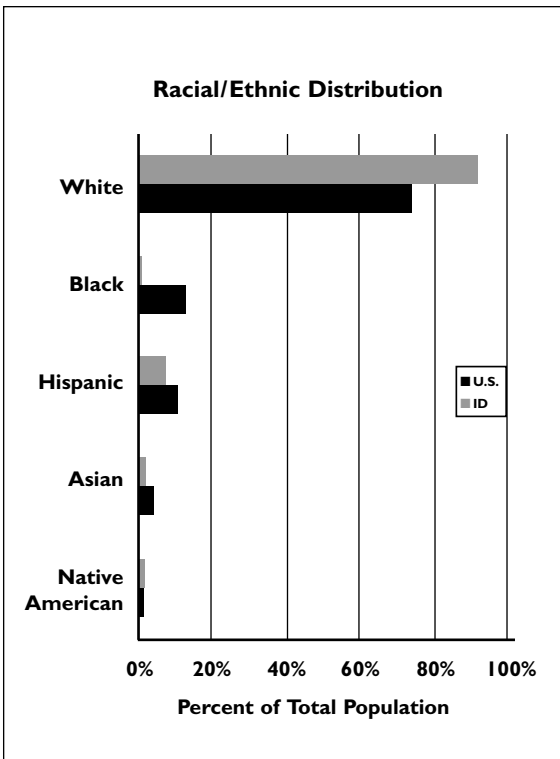
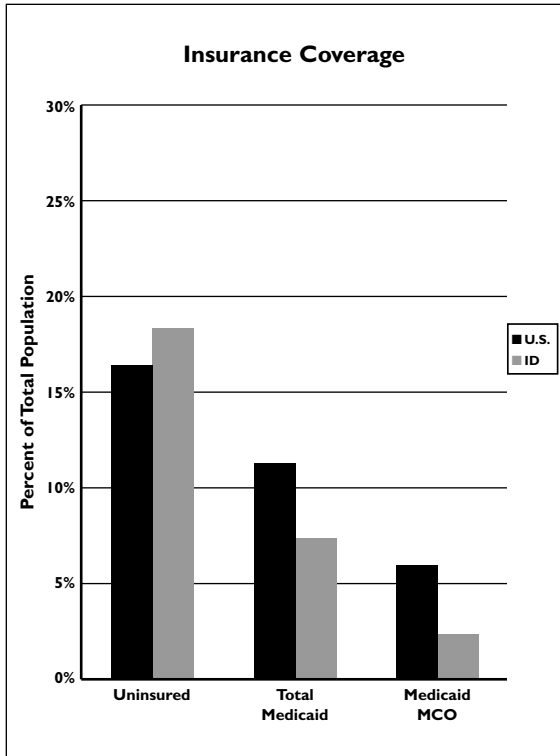
*** To be determined

**** Data not collected on these population categories

Idaho

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Idaho	United States	Rank in U.S.
Total Population:	1,210,000	267,636,000	40 of 51
Total Uninsured:	223,000	43,448,000	11 of 51
Total Medicaid:	88,658	30,009,674	43 of 51
Medicaid MCO:	30,866	15,760,205	42 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 26 of 51

Mental Health and Substance Abuse Expenditures

	Idaho	United States	Rank in U.S.
Total SA Spending:	N/A	\$3,936,438,471	N/A
Total MH Spending:	\$35,173,821	\$16,134,317,777	49 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Idaho:	9,191	37,711	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	3 of 51	49 of 51	N/A

Racial and Ethnic Distribution

	Idaho	United States	Rank in U.S.
White:	1,094,000	194,571,000	11 of 51
Black:	7,000	33,947,000	48 of 51
Hispanic:	80,000	26,763,000	12 of 51
Asian:	13,000	10,033,000	36 of 51
Native American:	16,000	2,322,000	13 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Idaho operates one statewide nonwaiver substance abuse managed care program referred to as the Idaho Substance Abuse Services Program. The Department of Health and Welfare contracts with a private behavioral health firm to provide administrative services only (ASO) on a managed fee-for-service basis. The program provides primarily screening and preauthorization of all substance abuse services funded by the State.

Non-Managed Care

Mental health and substance abuse services funded by Medicaid remain under the traditional fee-for-service system. Services funded by the State mental

health authority (Bureau of Mental Health and Substance Abuse Services) are operated by seven Regional Mental Health Authorities (RMHAs), including two inpatient facilities. RMHAs provide public mental health services, which are reimbursed on a fee-for-service basis. The Bureau of Mental Health and Substance Abuse Services has several types of arrangements to deliver public sector substance abuse services excluded from managed care. The Bureau contracts with service providers and State and regional service operations to provide inpatient, outpatient, prevention services, day programming, aftercare, and detoxification for children and adults.

Idaho

Data as of July 1999

IDAHO SUBSTANCE ABUSE SERVICES PROGRAM

Administration and Financing

Date of Implementation	11/15/1998		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Idaho

Data as of July 1999

IDAHO SUBSTANCE ABUSE SERVICES PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations****

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

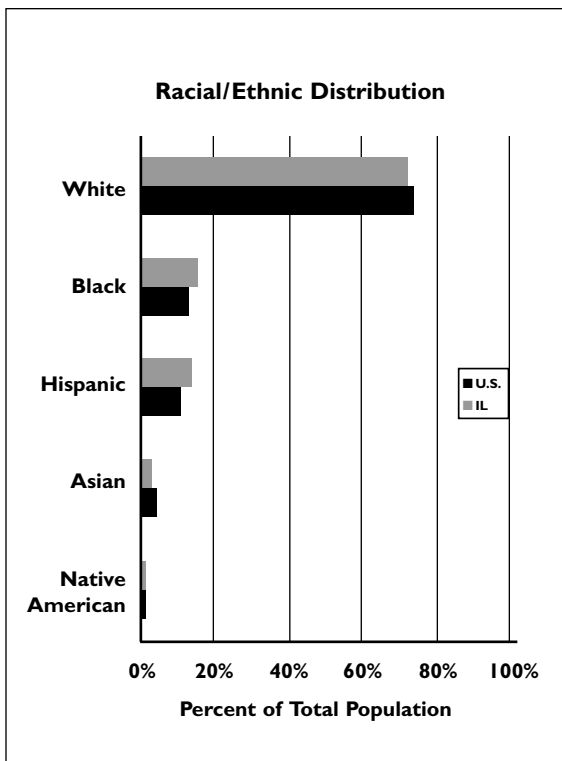
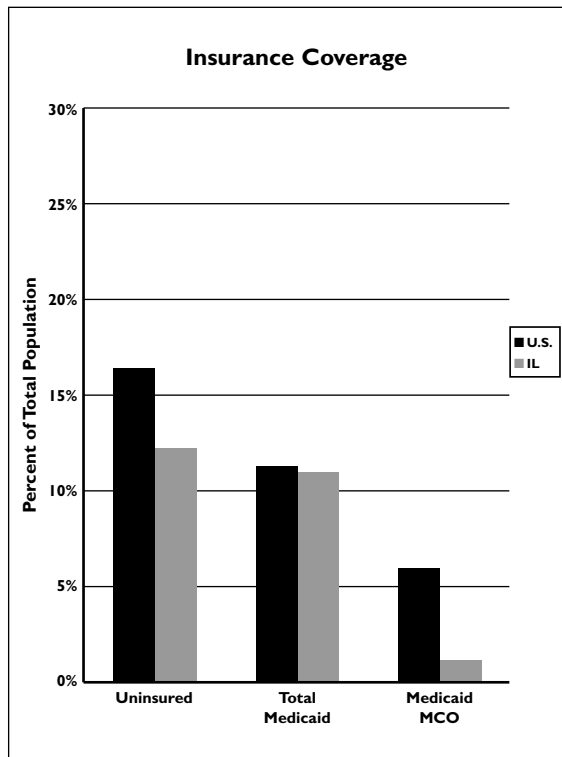
**** Data not collected on these population categories

***** This program provides services to individuals with incomes less than 175% of the Federal poverty level.

Illinois

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Illinois	United States	Rank in U.S.
Total Population:	11,896,000	267,636,000	6 of 51
Total Uninsured:	1,506,000	43,448,000	33 of 51
Total Medicaid:	1,308,582	30,009,674	24 of 51
Medicaid MCO:	175,649	15,760,205	45 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 22 of 51

Mental Health and Substance Abuse Expenditures

	Illinois	United States	Rank in U.S.
Total SA Spending:	\$179,910,878	\$3,936,438,471	5 of 51
Total MH Spending:	\$612,588,900	\$16,134,317,777	7 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Illinois:	75,859	458,149	142,752
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	26 of 51	13 of 51	18 of 26

Racial and Ethnic Distribution

	Illinois	United States	Rank in U.S.
White:	8,564,000	194,571,000	37 of 51
Black:	1,815,000	33,947,000	15 of 51
Hispanic:	1,107,000	26,763,000	10 of 51
Asian:	383,000	10,033,000	11 of 51
Native American:	27,000	2,322,000	45 of 51

*See appendix A for data sources

N/A—Data not available

Illinois

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Illinois operates one integrated, voluntary Medicaid managed care program with choice among several plans that includes some mental health and substance abuse services (Voluntary Managed Care). The Illinois Department of Public Aid contracts with 10 health maintenance organizations (HMOs) and two Managed Care Community Networks (MCCNs) to provide services under this program. MCCNs are similar to HMOs except that they are provider-based and regulated by the Illinois Department of Public Aid, whereas HMOs are regulated by the Illinois Department of Insurance. The program is financed with Medicaid funds and serves the following individuals who reside in the four-county program service area: Temporary Assistance to Needy Families (TANF), Medical Assistance No Grant (MANG), general assistance children, and Kid Care (State Children's Health Insurance Program). This program excludes children with

serious emotional disturbances (SED) and adults with serious mental illness (SMI).

Non-Managed Care

Most Medicaid mental health and substance abuse services are under the traditional fee-for-service systems in all areas of the State except in the four counties served by the voluntary HMO program: Cook, Macon, St. Clair, and Vermilion counties. For mental health services, the Department of Human Services' Office of Mental Health provides grants to 9 networks, which include 10 psychiatric hospitals. For substance abuse services, the Department of Human Services' Office of Alcoholism and Substance Abuse (OASA) contracts directly with providers. Medicaid recipients who choose not to enroll in the voluntary program or who live in areas not covered by the program can use a Medicaid fee-for-service plan.

Illinois

Data as of July 1999

VOLUNTARY MANAGED CARE

Administration and Financing

Date of Implementation	11/01/1974		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Illinois

Data as of July 1999

VOLUNTARY MANAGED CARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 187,048

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☒

☐

☐

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☒ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other: Case management, day treatment, early intervention

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

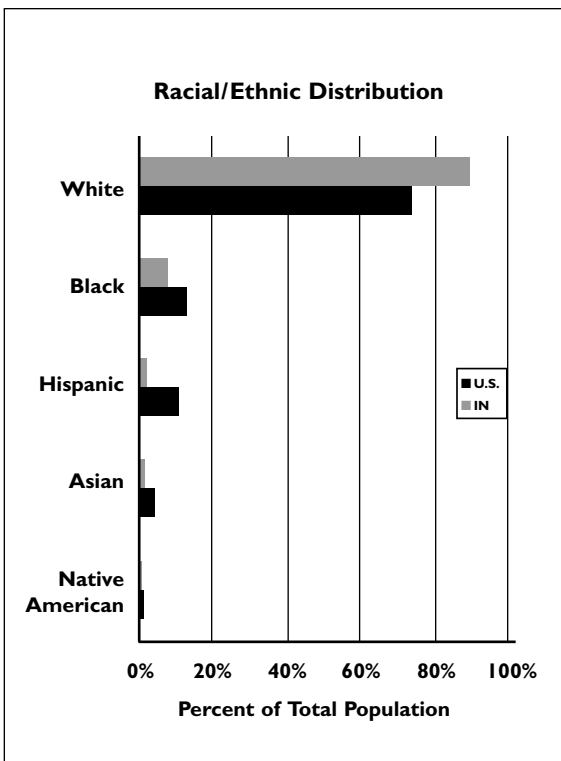
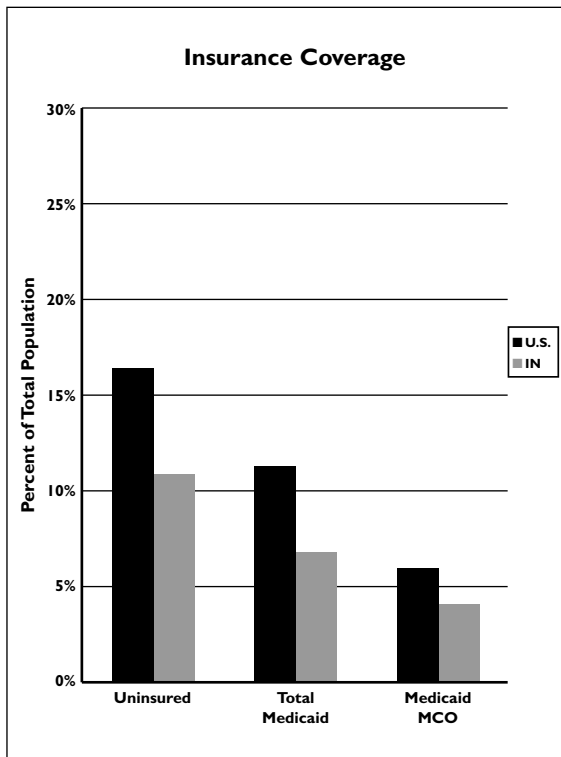
*** To be determined

**** Data not collected on these population categories

Indiana

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Indiana	United States	Rank in U.S.
Total Population:	5,864,000	267,636,000	14 of 51
Total Uninsured:	669,000	43,448,000	43 of 51
Total Medicaid:	404,000	30,009,674	45 of 51
Medicaid MCO:	233,065	15,760,205	36 of 51

Persons Below Poverty Level

Percent of Population: 8%

Rank in United States: 49 of 51

Mental Health and Substance Abuse Expenditures

	Indiana	United States	Rank in U.S.
Total SA Spending:	\$50,998,685	\$3,936,438,471	21 of 51
Total MH Spending:	\$232,952,288	\$16,134,317,777	21 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Indiana:	37,932	220,763	69,195
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	23 of 51	22 of 51	20 of 26

Racial and Ethnic Distribution

	Indiana	United States	Rank in U.S.
White:	5,188,000	194,571,000	16 of 51
Black:	484,000	33,947,000	23 of 51
Hispanic:	125,000	26,763,000	32 of 51
Asian:	53,000	10,033,000	39 of 51
Native American:	14,000	2,322,000	42 of 51

*See appendix A for data sources

N/A—Data not available

Indiana

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Indiana operates three managed care programs that provide behavioral health care services: (1) Statewide program (the Hoosier Assurance Plan) that serves Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) individuals with serious mental illness, emotional disorders, and chemical addictions; (2) Medicaid voluntary program (Hoosier Healthwise for Persons with Disabilities/HHPD) that integrates physical with behavioral health services for disabled populations in one county; and (3) a behavioral health stand-alone program (the Dawn Project), which provides physical and behavioral health services to children with serious emotional disturbance who are at risk for out-of-home placements.

Under the Hoosier Assurance Plan, the Division of Mental Health (DMH) contracts with 44 managed care providers under a risk-sharing managed care arrangement for non-Medicaid behavioral health care services. These providers include 30 not-for-profit Community Mental Health Centers (CMHCs) and 4 freestanding addiction providers, which are licensed as limited health maintenance organizations. In addition, DMH provides substance abuse treatment through contracts with 14 primary contractors to provide drug abuse prevention services to children ages 10 to 14. The program is financed by Federal block grants and State general fund dollars.

Under HHPD, the Medicaid agency contracts with one managed care organization to deliver integrated health and behavioral health services in one county to persons with disabilities and chronic illness on a fully capitated basis. The voluntary program provides a range of services including mental

and substance abuse inpatient care, rehabilitation, pharmacy, and transportation services to adults, children and adolescents, and the SSI population.

The Dawn Project operates in one county under a collaboration of the Education, Child Welfare, Juvenile Justice, and Mental Health agencies, which blend their funding streams to provide a more coordinated system of care for children and youth. The Marion County Office of Family and Children contracts with a nonprofit managed care corporation, which provides an Administrative Services Only (ASO) function. The managed care corporation was created by four of Marion County's CMHCs. After a child and family are referred to the Dawn Project, a service coordinator is assigned to the child and family. The program serves kids at risk for out-of-home placements and is financed by State mental health funding, county funding, child welfare, and special education dollars.

Non-Managed Care

The State's Medicaid excludes behavioral health benefits from the mandatory health maintenance organization managed care program for low-income pregnant women and children and families. The Office of Medicaid Policy and Planning (OMPP) provides fee-for-service reimbursement for behavioral health and rehabilitation services, including case management and partial hospitalization, to Department of Mental Health contracted CMHCs. In addition, reimbursement is available to qualified Medicaid enrolled providers. Other than the Hoosier Assurance Plan, information from the State mental health and substance abuse authorities regarding contractual arrangements for nonmanaged care programs was not available.

Indiana

Data as of July 1999

HOOSIER ASSURANCE PLAN

Administration and Financing

Date of Implementation	01/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State Mental Health	<input checked="" type="checkbox"/> State Substance Abuse	<input checked="" type="checkbox"/> MH Block Grant
<input checked="" type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: SSBG Title XX-SA portion, SSBG MH portion			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input checked="" type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input checked="" type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Indiana

Data as of July 1999

HOOSIER ASSURANCE PLAN

Providers

Provider Payment(s)

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 62,242

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☒ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐*

☐*

☐*

☐*

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☒

☐

☒

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Indiana

Data as of July 1999

HOOSIER HEALTHWISE FOR PERSONS WITH DISABILITIES AND CHRONIC ILLNESS

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Indiana

Data as of July 1999

HOOSIER HEALTHWISE FOR PERSONS WITH DISABILITIES AND CHRONIC ILLNESS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 140

Medicaid

Population

☐ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Indiana

Data as of July 1999

DAWN PROJECT

Administration and Financing

Date of Implementation	05/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input type="checkbox"/> Medicaid Program	<input checked="" type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> ASO	
Program Funding			
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Division of Special Education			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input checked="" type="checkbox"/> Other: Education, Child Welfare, Juvenile Justice			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Indiana

Data as of July 1999

DAWN PROJECT

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 150

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☒

☐

☒

☐

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☐

☐

Non-Medicaid

Population

☒ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☒

☐

☒

☐

☒

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☒ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☒ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

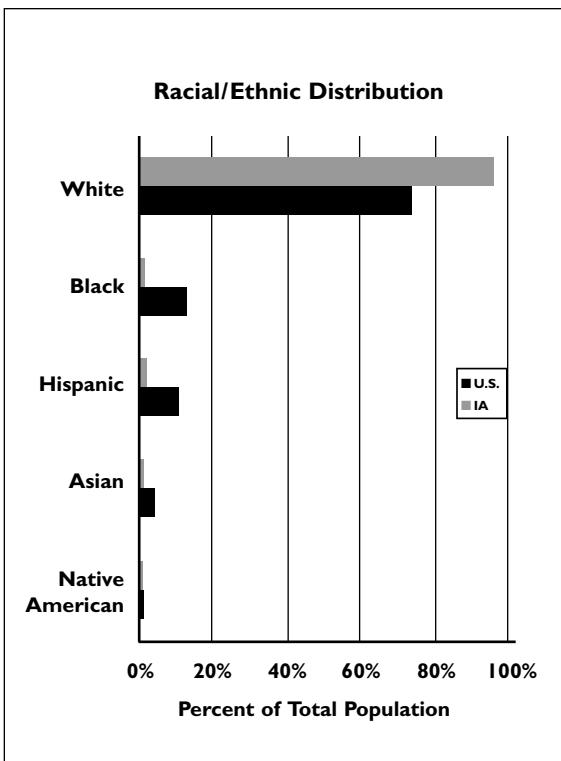
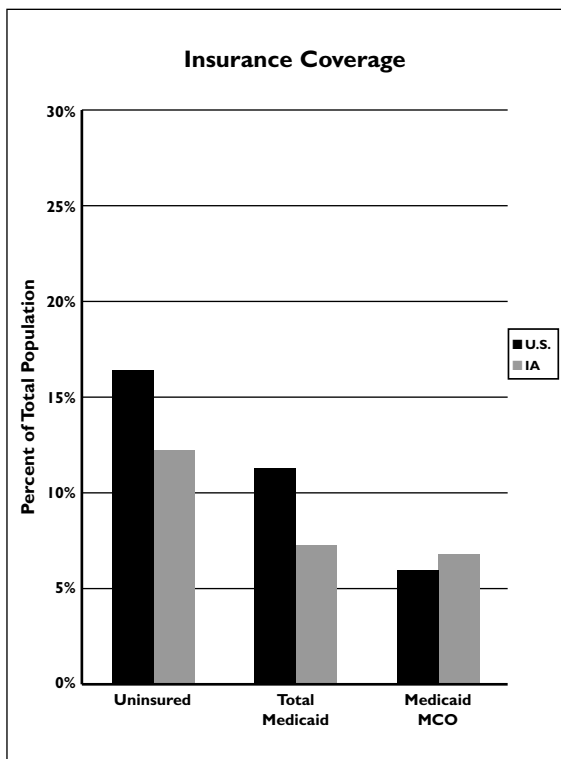
*** To be determined

**** Data not collected on these population categories

Iowa

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Iowa	United States	Rank in U.S.
Total Population:	2,853,000	267,636,000	30 of 51
Total Uninsured:	340,000	43,448,000	38 of 51
Total Medicaid:	206,981	30,009,674	44 of 51
Medicaid MCO:	190,692	15,760,205	23 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 41 of 51

Mental Health and Substance Abuse Expenditures

	Iowa	United States	Rank in U.S.
Total SA Spending:	\$46,279,950	\$3,936,438,471	22 of 51
Total MH Spending:	\$82,535,781	\$16,134,317,777	36 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Iowa:	19,279	111,125	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	16 of 51	11 of 51	N/A

Racial and Ethnic Distribution

	Iowa	United States	Rank in U.S.
White:	2,704,000	194,571,000	5 of 51
Black:	56,000	33,947,000	41 of 51
Hispanic:	48,000	26,763,000	35 of 51
Asian:	36,000	10,033,000	31 of 51
Native American:	9,000	2,322,000	35 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

In January 1999, Iowa's Medicaid agency and the Department of Public Health/DPH (which encompasses the State Mental Health and Substance Abuse Authorities) integrated two separate carve-outs for mental health and substance abuse into one statewide behavioral health care program (Iowa Plan for Behavioral Health) for Medicaid and non-Medicaid populations.

Under this program, the Department of Human Services and the Department of Public Health contract with a private, for-profit behavioral health managed care organization (BHMCO) to manage and provide comprehensive mental health and substance abuse services on a prepaid capitated basis. Medicaid and State mental health and substance abuse dollars fund the program. The BHMCO is at full risk for all Medicaid-funded services and provides specified administrative services for the DPH-funded (substance abuse) delivery system. The BHMCO contracts with an open panel of clinicians (i.e., any willing provider of mental health and substance abuse services). Mental health and substance abuse providers are paid on a fee-for-service basis. The State also reports that the new Iowa Plan contract includes 8 performance indicators carrying Medicaid financial incentives up to \$1 million every year, and 10 measures with financial penalties ranging from \$5000 to \$25,000. Furthermore, the contract specifies 26 additional nonmonetary standards.

In addition to the statewide plan, Iowa's 99 counties are required by State statute to develop county management plans to guide the expenditure of county and State funds. Each county must establish a central point of coordination (CPC) to manage its services and funds for persons with mental health, mental retardation and developmental disabilities. Counties employ a number of different models for managing this system, including contracting with a managed care organization (MCO), contracting with another management entity, and contractual agreements between counties to share management staff, etc. In addition, four counties (Polk, Tama, Poweshiek, and Linn) plan on developing demonstration sites to blend Medicaid and mental health funding streams.

Non-Managed Care

Mental health services funded by the State Mental Health Authority are not under any managed care arrangement. For these services, the Department of Human Services operates four State mental health institutes (Cherokee, Clarinda, Independence, and Mt. Pleasant) to provide inpatient public sector mental health services. All substance abuse programs funded by the State Substance Abuse Authority fall under the Iowa Plan for Behavioral Health.

I o w a

Data as of July 1999

IOWA PLAN FOR BEHAVIORAL HEALTH

Administration and Financing

Date of Implementation	01/01/1999		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

I o w a

Data as of July 1999

IOWA PLAN FOR BEHAVIORAL HEALTH

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 166,400

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

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☒

☒

☐

☐

Non-Medicaid

Population

☒ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☒

☒

☒

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☒ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

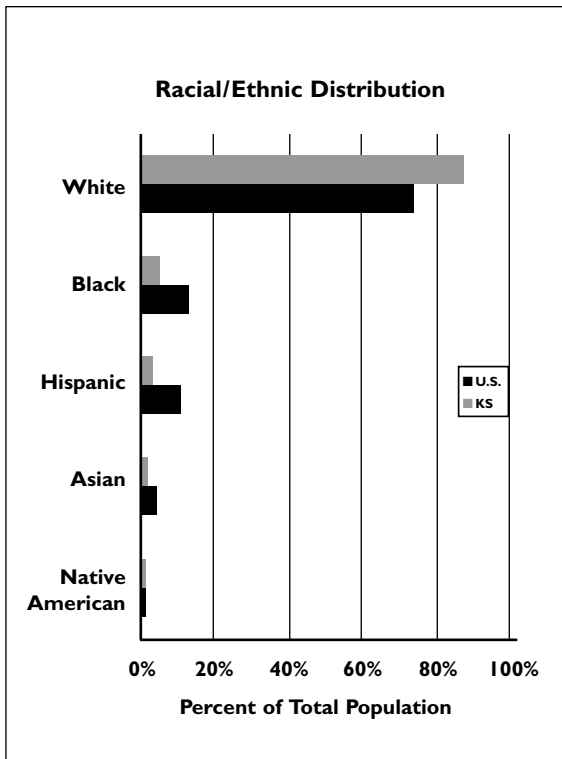
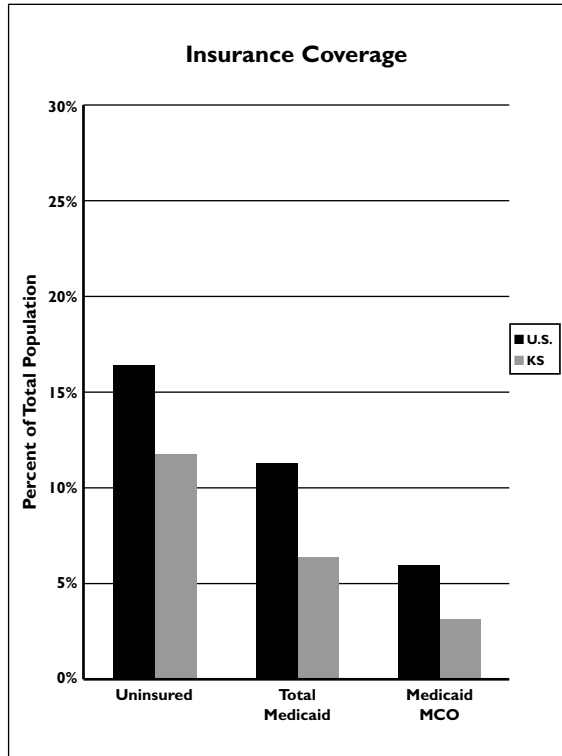
*** To be determined

**** Data not collected on these population categories

Kansas

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Kansas	United States	Rank in U.S.
Total Population:	2,595,000	267,636,000	32 of 51
Total Uninsured:	304,000	43,448,000	39 of 51
Total Medicaid:	170,990	30,009,674	47 of 51
Medicaid MCO:	84,437	15,760,205	40 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 31 of 51

Mental Health and Substance Abuse Expenditures

	Kansas	United States	Rank in U.S.
Total SA Spending:	\$23,299,015	\$3,936,438,471	32 of 51
Total MH Spending:	\$150,814,602	\$16,134,317,777	29 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Kansas:	17,736	98,062	39,444
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	14 of 51	18 of 51	5 of 26

Racial and Ethnic Distribution

	Kansas	United States	Rank in U.S.
White:	2,255,000	194,571,000	19 of 51
Black:	153,000	33,947,000	29 of 51
Hispanic:	120,000	26,763,000	20 of 51
Asian:	44,000	10,033,000	24 of 51
Native American:	23,000	2,322,000	20 of 51

*See appendix A for data sources

N/A—Data not available



OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Kansas is not currently operating a managed care program that includes behavioral health services.

Non-Managed Care

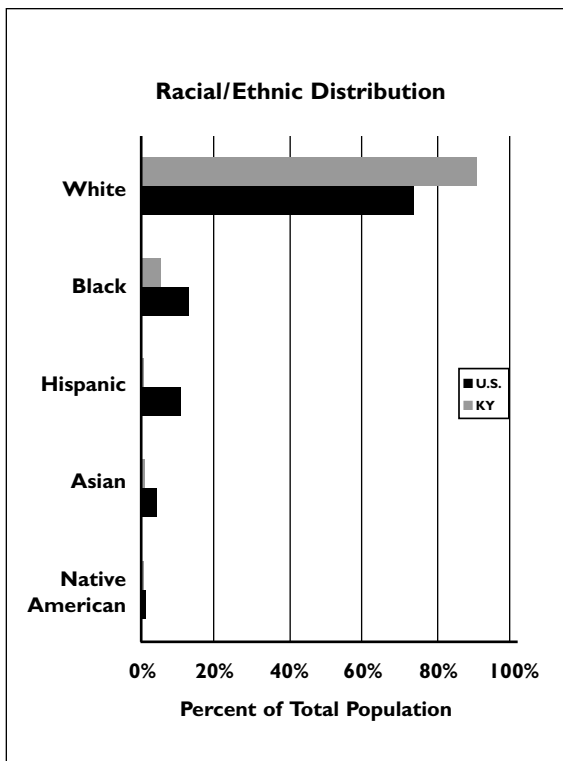
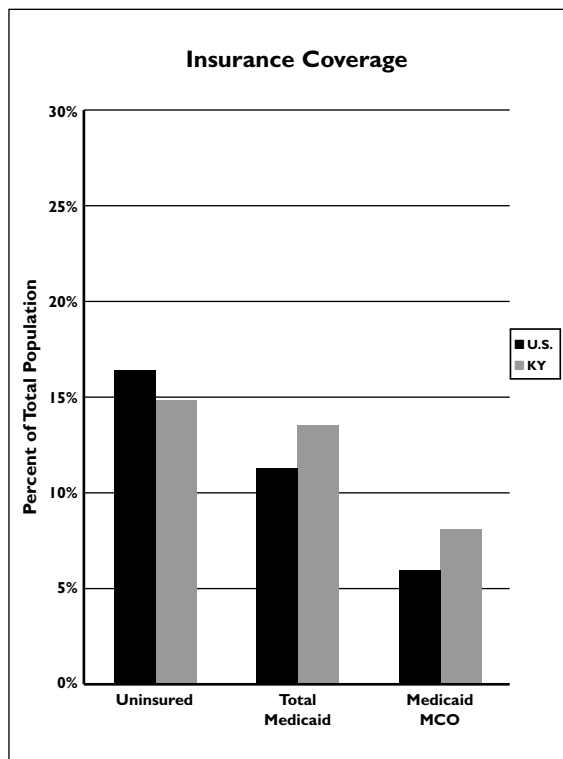
All mental health and substance abuse services for children and adults are excluded from managed care programs and remain in the fee-for-service system. For services funded by the State mental health authority, the Division of Mental Health and Developmental Disabilities contracts on a fee-for-service basis with 30 Community Mental Health

Centers (CMHCs) to provide public sector mental health and substance abuse services and three psychiatric facilities to treat acute chronic psychiatric conditions. The CMHCs have formed a strategic alliance, referred to as the Mental Health Consortium, to address access issues for mental health consumers. This network of 30 licensed CMHCs serves as the Administrative Services Organization (ASO) for the CMHCs and State psychiatric hospitals. In addition, the consortium is employing web technology for service delivery.

Kentucky

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Kentucky	United States	Rank in U.S.
Total Population:	3,908,000	267,636,000	24 of 51
Total Uninsured:	587,000	43,448,000	25 of 51
Total Medicaid:	518,467	30,009,674	12 of 51
Medicaid MCO:	325,233	15,760,205	12 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 7 of 51

Mental Health and Substance Abuse Expenditures

	Kentucky	United States	Rank in U.S.
Total SA Spending:	\$23,765,475	\$3,936,438,471	31 of 51
Total MH Spending:	\$137,242,609	\$16,134,317,777	30 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Kentucky:	25,219	147,485	41,034
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	25 of 51	20 of 51	26 of 26

Racial and Ethnic Distribution

	Kentucky	United States	Rank in U.S.
White:	3,567,000	194,571,000	9 of 51
Black:	283,000	33,947,000	27 of 51
Hispanic:	26,000	26,763,000	48 of 51
Asian:	26,000	10,033,000	47 of 51
Native American:	6,000	2,322,000	49 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Kentucky's Medicaid managed care initiative has two waiver programs: (1) a Section 1115 waiver called "Health Care Partnerships" that establishes primary care health plans, and (2) a Section 1915(b) waiver for a carve-out of mental health providers called "Kentucky Access." The plans have complementary mental health and limited substance abuse benefits. Each Medicaid beneficiary who is eligible for managed care is enrolled in both a Partnership and an Access plan in order to obtain a comprehensive benefit. Medicaid beneficiaries who are not in long-term care, including Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), and foster care recipients, will be required to join the plans. As of July 1999, Health Care Partnerships has been implemented in two regions (Lexington and Louisville) and Access will be implemented in those same regions in early 2000.

1. Health Care Partnerships will be organized by primary care providers and acute care hospitals for each of Kentucky's eight health regions. Primary care providers continue to provide mental health services including prescriptions from their outpatient offices, and acute care hospitals continue to cover mental health emergency room services. However, the services of specialized behavioral health providers (and their prescriptions) will be covered by Kentucky Access. Behavioral health providers who participate in Kentucky Access will include psychiatrists, community mental health centers, mental hospitals, and psychiatric units of acute care hospitals.
2. Kentucky Access will be administered by behavioral health managed care organizations (BHMCOs) for each of Kentucky's health regions. Similar to the Partnerships' managed care organizations, a BHMCO will

be organized by behavioral health care providers. Regional Mental Health/Mental Retardation (MH/MR) boards will be given the lead role. Two BHMCOs have been organized and are implementing Kentucky Access in the Lexington and Louisville metropolitan areas.

When fully implemented, there will be only one Health Care Partnership and one BHMCO in each region of the State. Enrollment in both will be mandatory for all recipients eligible for managed care (except a small subset called "Psychiatric Child," who will only be enrolled in Kentucky Access). There is no choice of a plan, so both programs emphasize beneficiary choice of provider within the respective networks of providers.

Because mental health services may be obtained by a beneficiary from either waiver program, Kentucky Medicaid requires an "Interface" component from both managed care organizations for a region. The Interface requires: (1) A local memorandum of agreement between the plans, (2) staff in each plan who have liaison responsibilities toward the other plan, (3) exchange of information for coordination of benefits and continuity of care, and (4) development of clinical practice guidelines for the primary care and specialized behavioral health networks to guide referrals and professional collaboration.

Savings from implementing the Health Care Partnership program will be used to expand the number of Kentuckians who can obtain Medicaid or other State-subsidized health insurance. Savings from implementing the Kentucky Access program, however, will be reinvested by the BHMCO in the community-based service system with an emphasis on consumer-driven services.

The Medicaid managed care waiver programs offer limited substance abuse benefits (consistent with current Kentucky Medicaid coverage). The Health Care Partnerships program will cover inpatient detoxification; Kentucky Access covers chil-

Kentucky

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

dren's Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) Special Substance Abuse services (such as residential treatment and intensive outpatient); and a BHMCO may use savings to cover substance abuse services to adults with a severe mental illness.

Non-Managed Care

Until Kentucky Access is implemented, Medicaid mental health and substance abuse services will remain in the fee-for-service system. Mental health services funded by the Department of Mental Health and Mental Retardation (DMHMR) will not be included in the State's Medicaid managed care strategy. For these services, the DMHMR will contract with 14 regional MH/MR boards, who combine the funds with other revenues (primarily Medicaid) to provide community mental health services in each of Kentucky's 120 counties. The regional boards are either operated by the State or contracted to a private provider.

In a similar fashion, funds for the five State hospitals, operated by DMHMR, are unaffected by the managed care initiative. However, to promote patient choice and encourage integration of inpatient and outpatient services for adults 22 to 64, an MBHO may use a State hospital for Medicaid inpatient benefits up to historical utilization amounts, and recipients will no longer lose their Medicaid eligibility during their State hospital stay.

Substance Abuse services funded by the State substance abuse authority are not under managed care arrangements. These funds are allocated to the 14 regional MH/MR boards and other substance abuse provider organizations. In coordination with the Kentucky Department for Medicaid Service, DMHMR is planning to use some State funds as matching funds to establish substance abuse coverage for adult Medicaid beneficiaries. This benefit would be administered by an MBHO.

Kentucky

Data as of July 1999

HEALTH CARE PARTNERSHIPS

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Kentucky

Data as of July 1999

HEALTH CARE PARTNERSHIPS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 520,000

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☒ SOBRA****

☒ Foster Care****

Voluntary Mandatory

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Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☐ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Kentucky

Data as of July 1999

KENTUCKY ACCESS

Administration and Financing

Date of Implementation***

Waiver Type

☐ 1115 Waiver

☒ 1915(b) Waiver

☐ Non-Waiver

Status of Program: Pending

Geographic Coverage

☐ Statewide Implementation

☒ Substate Implementation

Program Type

☒ Medicaid Program

☐ Non-Medicaid Program

Program Approach

☐ Integrated

☒ Carve-out

☐ Partial Carve-out

Contract Type

☒ Full Service

☐ ASO

☐ Other:

Program Funding

☒ Medicaid

☐ State Mental Health

☐ State Substance Abuse

☐ MH Block Grant

☐ SA Block Grant

☐ County

☐ Child Welfare

☐ Corrections

☐ Other:

Purchasers and Contractors

Purchaser

☒ Medicaid

☐ State MH Authority

☐ State SA Authority

☐ Other:

Primary Contractors

Public ☐

Private ☐

Partnership ☒

☐ County/Local Government

☐ HMO

☐ Community Mental Health Center

☐ BHMCO

☐ Community Mental Health Board

☐ Private Community SA Providers

☐ Public Community SA Providers

☐ Other Provider

☐ Other:

☐ Other:

Primary Contractor Payments

☒ Full capitation

☐ Partial capitation

☐ Global budget

☐ Fixed fees

☐ Fee-for-service

☐ Other:

Kentucky

Data as of July 1999

KENTUCKY ACCESS

Providers

Provider Payment(s)

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 520,000

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☒ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☒ Other: EPSDT special mental health services

☒ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☒ Other: EPSDT special SA services for children

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

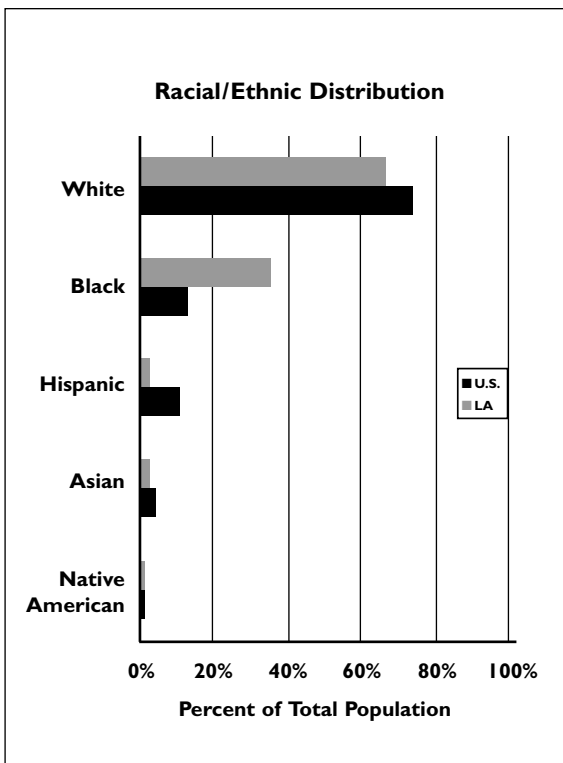
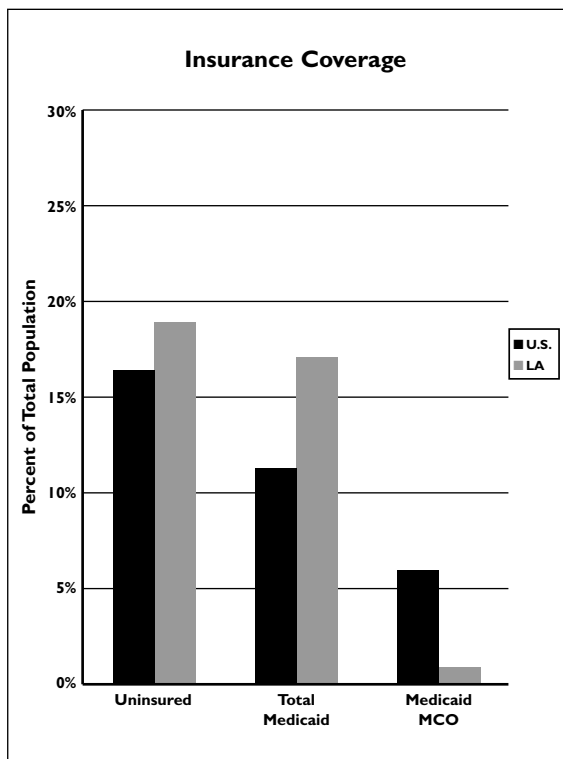
*** To be determined

**** Data not collected on these population categories

Louisiana

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Louisiana	United States	Rank in U.S.
Total Population:	4,350,000	267,636,000	22 of 51
Total Uninsured:	827,000	43,448,000	10 of 51
Total Medicaid:	752,747	30,009,674	4 of 51
Medicaid MCO:	40,729	15,760,205	47 of 51

Persons Below Poverty Level

Percent of Population: 21%

Rank in United States: 3 of 51

Mental Health and Substance Abuse Expenditures

	Louisiana	United States	Rank in U.S.
Total SA Spending:	\$26,052,371	\$3,936,438,471	28 of 51
Total MH Spending:	\$188,447,577	\$16,134,317,777	26 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Louisiana:	31,958	161,606	53,530
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	6 of 51	28 of 51	16 of 26

Racial and Ethnic Distribution

	Louisiana	United States	Rank in U.S.
White:	2,785,000	194,571,000	45 of 51
Black:	1,396,000	33,947,000	3 of 51
Hispanic:	97,000	26,763,000	30 of 51
Asian:	53,000	10,033,000	33 of 51
Native American:	19,000	2,322,000	27 of 51

*See appendix A for data sources

N/A—Data not available

Louisiana

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

To date, Louisiana has excluded behavioral health services from managed care.

Non-Managed Care

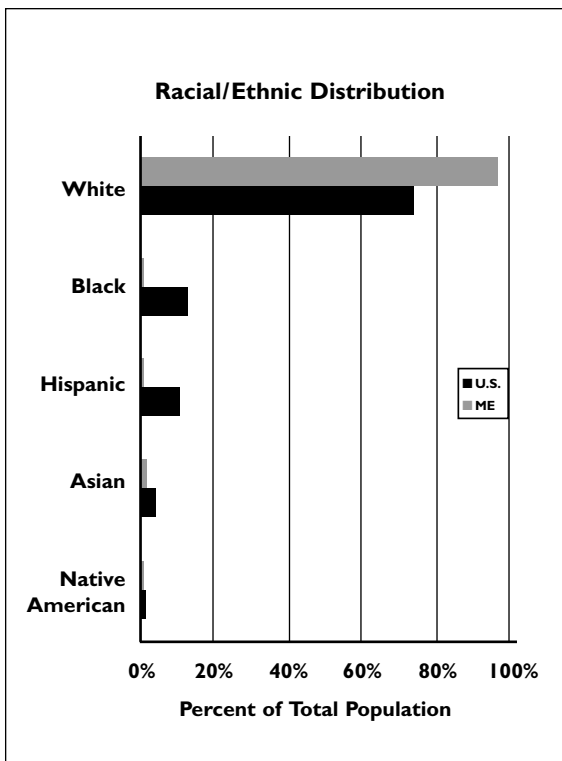
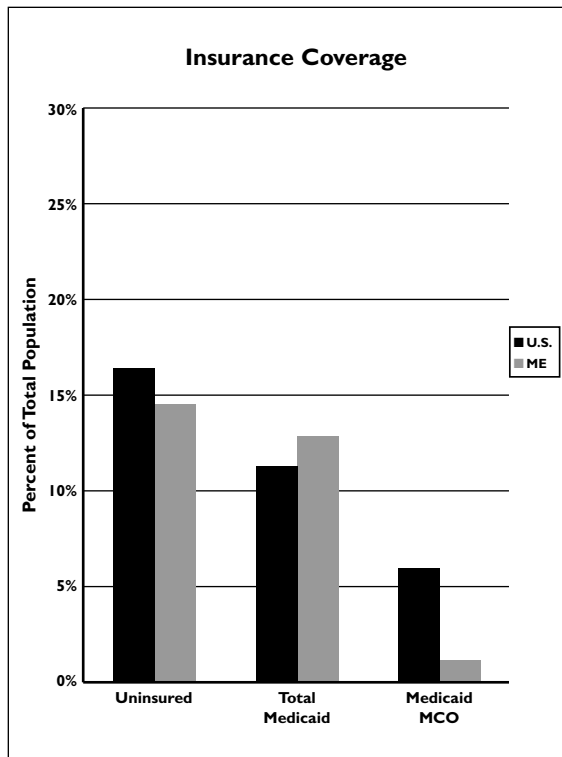
All Medicaid mental health and substance abuse services remain in the traditional fee-for-service system. The mental health authority (Office of Mental Health) contracts with 43 Community Mental Health Centers and clinics, as well as five psychiatric facilities, to treat acute and chronic psychiatric

conditions. The substance abuse authority (Office of Alcohol and Drug Abuse/OADA) purchases services under several types of arrangements. In eight of ten regions of the State, the OADA directly contracts with more than 200 private, nonprofit service providers purchasing services on a sliding scale fee-for-service system. The OADA and the State fund the other two regions and provide services either directly or through contracting with private, nonprofit providers.

Maine

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Maine	United States	Rank in U.S.
Total Population:	1,243,000	267,636,000	39 of 51
Total Uninsured:	182,000	43,448,000	26 of 51
Total Medicaid:	153,047	30,009,674	14 of 51
Medicaid MCO:	16,295	15,760,205	46 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 31 of 51

Mental Health and Substance Abuse Expenditures

	Maine	United States	Rank in U.S.
Total SA Spending:	\$14,634,002	\$3,936,438,471	40 of 51
Total MH Spending:	\$109,950,491	\$16,134,317,777	34 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Maine:	8,022	49,622	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	24 of 51	8 of 51	N/A

Racial and Ethnic Distribution

	Maine	United States	Rank in U.S.
White:	1,214,000	194,571,000	1 of 51
Black:	6,000	33,947,000	50 of 51
Hispanic:	8,000	26,763,000	49 of 51
Asian:	9,000	10,033,000	44 of 51
Native American:	6,000	2,322,000	25 of 51

*See appendix A for data sources

N/A—Data not available

Maine

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

To date, Maine has excluded behavioral health services from managed care. Within the next year, Maine plans to implement a mandatory, risk-based managed care program. Benefit coverage for this program is expected to carve out behavioral health services. The State's long-term managed care strategy includes incorporating behavioral health services in a managed system of care sometime in the future.

Non-Managed Care

All Medicaid mental health and substance abuse services are provided on a traditional fee-for-service

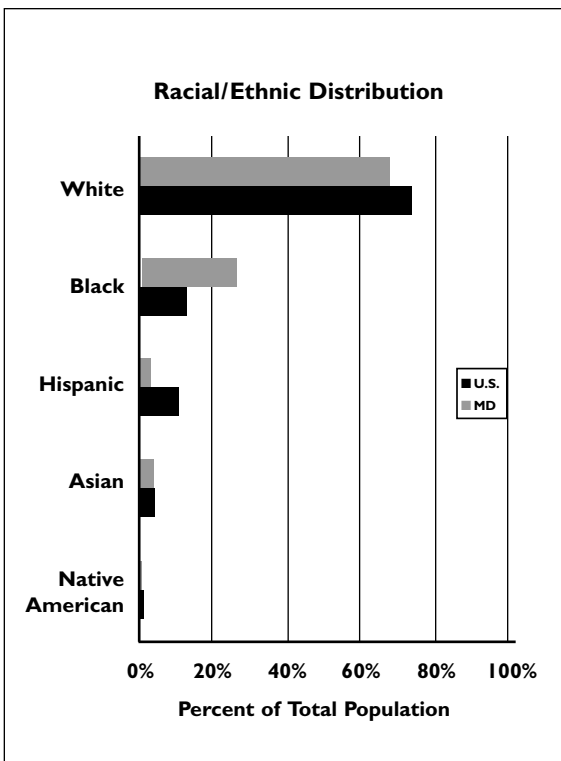
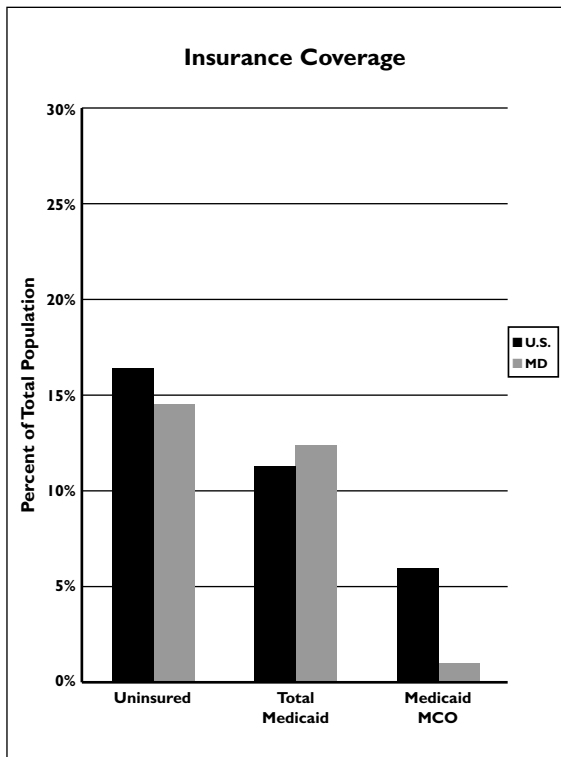
basis. Mental health services funded by the State mental health authority are excluded from managed care. For these services, the Department of Mental Health Retardation & Substance Abuse Services contracts with regional providers and two psychiatric facilities to provide services. Likewise, substance abuse services funded by the substance abuse authority are not included under managed care. For these services, The Department contracts directly with 44 nonprofit service providers.



Maryland

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Maryland	United States	Rank in U.S.
Total Population:	5,094,000	267,636,000	19 of 51
Total Uninsured:	677,000	43,448,000	31 of 51
Total Medicaid:	456,869	30,009,674	35 of 51
Medicaid MCO:	306,474	15,760,205	26 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 37 of 51

Mental Health and Substance Abuse Expenditures

	Maryland	United States	Rank in U.S.
Total SA Spending:	\$74,660,373	\$3,936,438,471	16 of 51
Total MH Spending:	\$385,247,087	\$16,134,317,777	14 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Maryland:	30,410	195,438	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	39 of 51	15 of 51	N/A

Racial and Ethnic Distribution

	Maryland	United States	Rank in U.S.
White:	3,337,000	194,571,000	44 of 51
Black:	1,397,000	33,947,000	6 of 51
Hispanic:	150,000	26,763,000	26 of 51
Asian:	195,000	10,033,000	8 of 51
Native American:	15,000	2,322,000	36 of 51

*See appendix A for data sources

N/A—Data not available

Maryland

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Public sector behavioral health services are delivered through two separate systems in Maryland: (1) A capitated system for physical (somatic) illness that includes all Medicaid covered substance abuse benefits and "primary" mental health services, and (2) a "specialty" behavioral health system that comprises a managed fee-for-service mental health system funded by Medicaid and the Mental Hygiene Administration (MHA). A "nonmanaged" alcohol and drug system is funded by the Alcohol and Drug Abuse Administration (ADAA).

1) Physical Health Managed Care System

HealthChoice is a managed care program that provides services for physical illnesses, including a number of substance abuse services, and "primary" mental health services only. Under HealthChoice, the Department of Health and Mental Hygiene contracts with eight managed care organizations (MCOs) on a capitated basis to serve about 80 percent of Medicaid recipients, including those eligible for the Maryland Children's Health Program (MCHP). MCOs provide the substance abuse services (i.e., substance abuse inpatient, outpatient, detoxification, transportation) covered under the Medicaid plan. Maryland reports that "primary" behavioral health services include clinical evaluation, assessment, and referral by a primary care provider. Under HealthChoice, individuals who require behavioral health care beyond a designated dollar amount receive their services under the Rare and Expensive Case Management (RECM) program. While individuals in RECM remain in HealthChoice, their services are reimbursed under the fee-for-service system instead of an MCO. Those excluded from HealthChoice are as follows: individuals in nursing homes, chronic hospitals, and mental hospitals or intermediate care facilities for mentally retarded (not community residential pro-

grams); dually eligibles; individuals who are eligible for Medicaid for a short period (spend down); those in the Model Waiver for medically fragile children; and individuals receiving family planning services through the Family Planning Waiver.

2) Specialty Behavioral Health System

Mental Health: Specialty Medicaid services and community services funded by the Mental Hygiene Administration (MHA) are managed under one system, known as the Specialty Mental Health System (SMHS). The Maryland MHA administers this managed fee-for-service system. The Medicaid agency transfers Medicaid mental health dollars to the MHA, which is the primary agency responsible for implementing, managing, and operating public mental health services. MHA combines Medicaid funds designated for community services with its resources and allocates these monies to eighteen local nonprofit community service agencies (CSAs). CSAs act as gatekeepers for clients. MHA contracts with a private behavioral health managed care organization (BHMCO) under an Administrative Services Only (ASO) arrangement to perform utilization management, claims, and Management Information System (MIS) support. The MHA holds contracts with providers and, in conjunction with CSAs, oversees the provision of services under those contracts. Providers are paid on a fee-for-service basis.

Substance Abuse: See nonmanaged care section.

Non-Managed Care

Substance abuse services funded by The Maryland Substance Abuse Authority are excluded from managed care programs. For these services, the Alcohol and Drug Abuse Administration (ADAA) allocates block grant funding to each of the 24 subdivisions, health departments, or county governments. These entities either directly provide the services via the



Maryland

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

health department or related programs or directly contract with community-based nonprofit substance abuse treatment providers. When the ADAA secures funding for a new service, an expansion of a service, or a pilot project, ADAA request for proposals (RFPs) are developed and rewards are made to the best overall proposal. Eligibility to participate in the RFP process is restricted to nonprofit entities.

Occasionally, direct fee-for-service contracts have been negotiated (such as adolescent residential services). Public sector treatment modalities include outpatient treatment, intensive outpatient, outpatient detoxification, Medication assisted treatment, residential, prevention, and substance abuse crisis/emergency.

Maryland

Data as of July 1999

HEALTHCHOICE

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Maryland

Data as of July 1999

HEALTHCHOICE

Providers

Provider Payment(s)

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input checked="" type="checkbox"/> Other: Varies by each of the 8 MCOs | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☒

☐

☒

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☒ Other: Services under purview of PCP (such as referrals)

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☒ Other:

☐ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

Intensive outpatient for pregnant women

Intensive outpatient for under 21 population

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Maryland

Data as of July 1999

SPECIALTY MENTAL HEALTH SYSTEM

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input checked="" type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other: Community Service Boards	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget	
<input checked="" type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Maryland

Data as of July 1999

SPECIALTY MENTAL HEALTH SYSTEM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> General Assistance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Uninsured | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Underinsured | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input checked="" type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

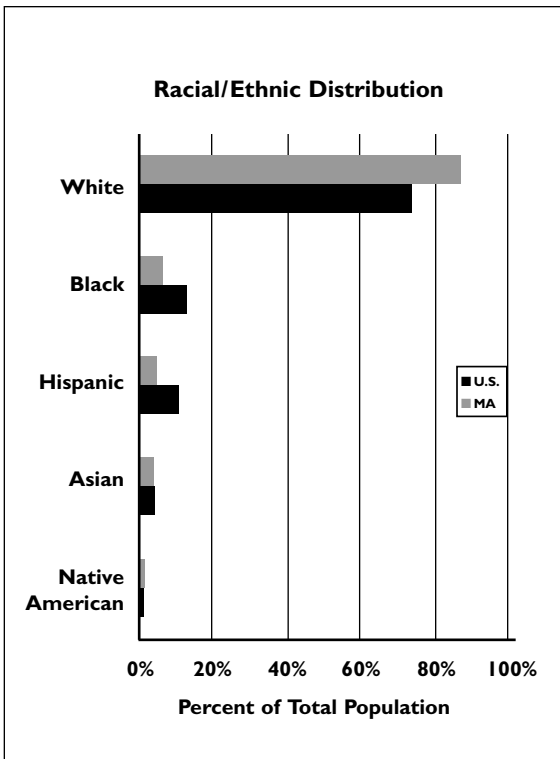
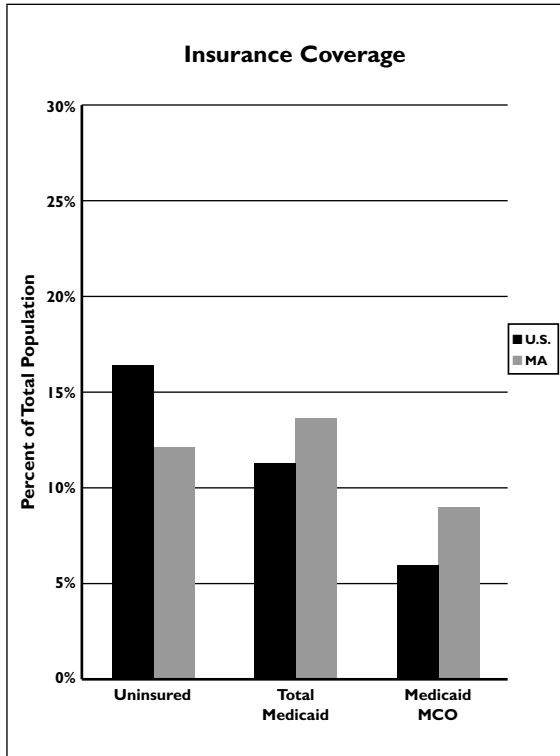
*** To be determined

**** Data not collected on these population categories

Massachusetts

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Massachusetts	United States	Rank in U.S.
Total Population:	6,118,000	267,636,000	13 of 51
Total Uninsured:	755,000	43,448,000	35 of 51
Total Medicaid:	850,776	30,009,674	10 of 51
Medicaid MCO:	532,971	15,760,205	9 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 39 of 51

Mental Health and Substance Abuse Expenditures

	Massachusetts	United States	Rank in U.S.
Total SA Spending:	\$77,088,000	\$3,936,438,471	14 of 51
Total MH Spending:	\$552,312,230	\$16,134,317,777	10 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Massachusetts:	34,005	251,821	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	49 of 51	4 of 51	N/A

Racial and Ethnic Distribution

	Massachusetts	United States	Rank in U.S.
White:	5,226,000	194,571,000	23 of 51
Black:	384,000	33,947,000	28 of 51
Hispanic:	284,000	26,763,000	19 of 51
Asian:	210,000	10,033,000	10 of 51
Native American:	14,000	2,322,000	43 of 51

*See appendix A for data sources

N/A—Data not available

Massachusetts

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Massachusetts has implemented MassHealth, a comprehensive Statewide managed care system for Medicaid and non-Medicaid populations. Under Massachusetts's integrated system, consumers have two options to receive physical health services: (1) individuals can join a health maintenance organization (HMO) from which they receive all health and mental health/substance abuse services, or (2) individuals can see one of the physicians participating in the Primary Care Clinician Program (PCCP) as their primary health care provider and receive their mental health/substance abuse services through the Behavioral Health Program (BHP), a mental health and substance abuse carve-out program. In serving the non-Medicaid population, MassHealth also provides integrated services to higher-income working disabled adults and children and to long-term unemployed individuals.

Under the HMO option, behavioral health services are integrated into an HMO's physical health benefit package. The Medicaid agency contracts with two private, not-for-profit provider-sponsored managed care organizations (MCOs) (prepaid health plans) and three private not-for-profit HMOs on a capitated basis. All but one of the HMOs have subcontracts with behavioral health managed care organizations (BHMCOs).

Under the PCCP, individuals are under the care of a primary care physician for physical health services, and receive behavioral health services through the BHP carve-out. In collaboration with the Department of Mental Health (DMH), the Department of Medical Assistance contracts with a private, for-profit BHMCO for the administration and service delivery of the carve-out. The BHMCO contracts on a fee-for-service basis with participating providers. The carve-out is a capitated program with shared risk; the BHMCO is responsible for administration and delivery of all Medicaid carve-out services as well as specified acute inpa-

tient/diversionary mental health and emergency services funded by the DMH. DMH has transferred funding for these services to the Division of Medical Assistance. These services include mental health inpatient, outpatient, residential, and rehabilitation. The substance abuse services covered include inpatient, outpatient, crisis/emergency, and detoxification.

Massachusetts also reports that it has updated its 1998 performance standards for managed care organizations and behavioral health managed care organizations to allow for incremental improvements and to include a number of different target zones within each standard. The State has a total of 19 incentive standards and 2 penalty-only standards; in fiscal year 1998, the State awarded the BHP carve-out nearly \$5 million in performance standard bonuses out of a total \$6.7 million budgeted.

Non-Managed Care

With the exception of acute inpatient/diversionary services and emergency services included under the MassHealth carve-out, mental health services funded by the State mental health authority are not included under managed care programs. For these services, the Department of Mental Health is organized into 6 geographic areas, with each region managing its own programs through contracts with local providers. The areas are further divided into a total of 33 local service sites. Each service site provides case management and oversees an integrated system of state-operated and provider-contracted mental health services. The Department allocates funds from its state appropriation and federal block grant to areas for both state-operated and contracted services. Statewide, DMH has more than 790 purchase of service contracts with 200 providers. The Department operates four state hospitals and five community mental health centers.

Substance Abuse treatment providers contract with MassHealth and with the Bureau of Substance



Massachusetts

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Abuse Services directly. The Bureau of Substance Abuse Services is the payor of last resort for substance abuse treatment services in the State. The

Bureau procures services through direct contracts with community-based treatment providers. Contracts are fee-for-service or cost/reimbursement.

Massachusetts

Data as of July 1999

MASSHEALTH

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Implemented	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority																		
Primary Contractors	<table><tr><td>Public <input type="checkbox"/></td><td>Private <input checked="" type="checkbox"/></td><td>Partnership <input type="checkbox"/></td></tr><tr><td><input type="checkbox"/> County/Local Government</td><td><input checked="" type="checkbox"/> HMO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Center</td><td><input checked="" type="checkbox"/> BHMCO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>			Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO		<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>																			
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO																				
<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO																				
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																				
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																				
Primary Contractor Payments	<table><tr><td><input type="checkbox"/> Full capitation</td><td><input checked="" type="checkbox"/> Partial capitation</td><td><input checked="" type="checkbox"/> Global budget</td></tr><tr><td><input type="checkbox"/> Fixed fees</td><td><input type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>			<input type="checkbox"/> Full capitation	<input checked="" type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget	<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input type="checkbox"/> Full capitation	<input checked="" type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget																			
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																			

Massachusetts

Data as of July 1999

MASSHEALTH

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 474,811

Medicaid

Population

- | | Voluntary | Mandatory |
|--|----------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Medically Needy | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input checked="" type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|--|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> General Assistance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

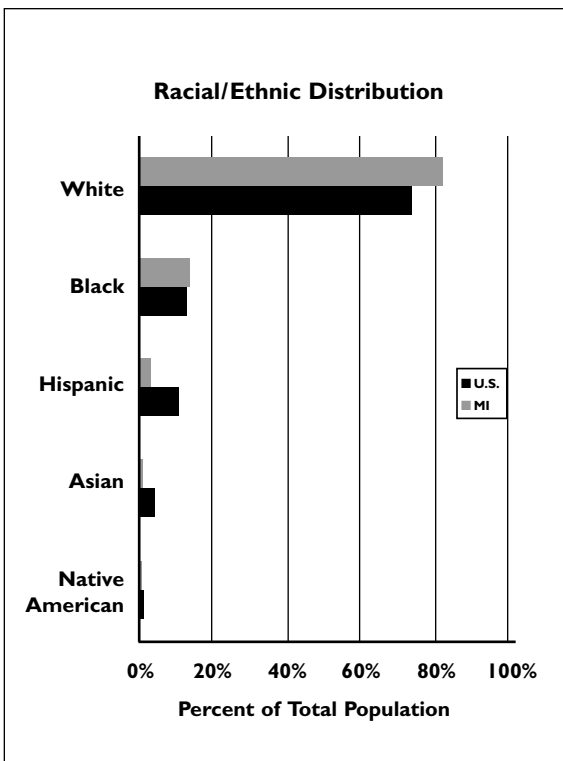
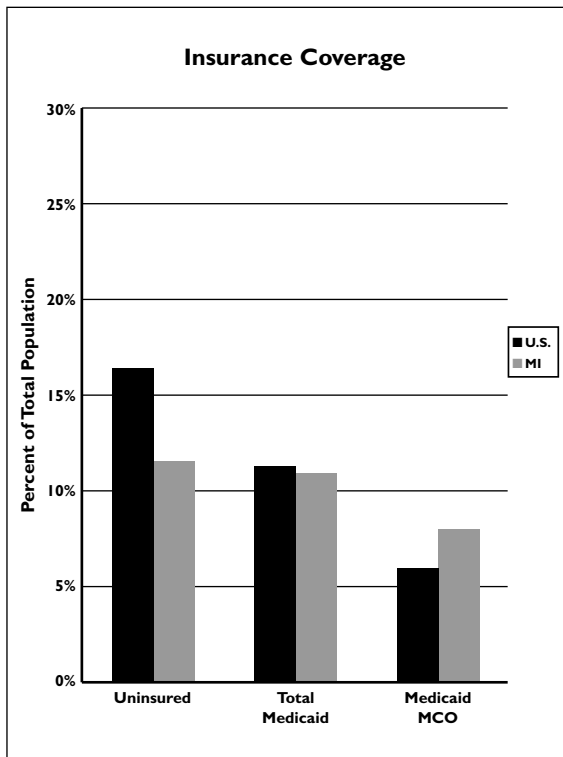
*** To be determined

**** Data not collected on these population categories

Michigan

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Michigan	United States	Rank in U.S.
Total Population:	9,774,000	267,636,000	8 of 51
Total Uninsured:	1,133,000	43,448,000	42 of 51
Total Medicaid:	1,106,466	30,009,674	20 of 51
Medicaid MCO:	752,568	15,760,205	14 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 31 of 51

Mental Health and Substance Abuse Expenditures

	Michigan	United States	Rank in U.S.
Total SA Spending:	\$129,304,361	\$3,936,438,471	6 of 51
Total MH Spending:	\$843,670,490	\$16,134,317,777	3 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Michigan:	63,773	369,173	142,700
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	20 of 51	19 of 51	8 of 26

Racial and Ethnic Distribution

	Michigan	United States	Rank in U.S.
White:	7,946,000	194,571,000	26 of 51
Black:	1,392,000	33,947,000	17 of 51
Hispanic:	225,000	26,763,000	29 of 51
Asian:	151,000	10,033,000	26 of 51
Native American:	60,000	2,322,000	21 of 51

*See appendix A for data sources

N/A—Data not available

Michigan

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Michigan operates four Medicaid managed care programs: (1) a program for physical health services with limited outpatient behavioral health benefits (Comprehensive Health Plan/CHP), (2) a specialty program for behavioral health and developmental disabilities services (Managed Specialty Services Program/MSSP), (3) a voluntary program for children involved with multiple service systems (Michigan Interagency Family Preservation / Initiative MIFPI), and (4) child welfare services (Michigan Families).

1. CHP is a statewide integrated health maintenance organization (HMO) program that provides a full range of health services to Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) recipients. On a capitated basis, the State Medicaid agency contracts with Qualified Health Plans (QHPs), chosen through a competitive bid. There are at least two QHPs in every region in the State. The QHPs/HMOs are almost exclusively private, not-for-profit entities. HMOs provide all physical health services and limited mental health benefits (up to 20 visits per calendar year) for their enrollees. In providing limited outpatient mental health benefits, QHPs may deliver these services in-house, subcontract with behavioral health managed care organizations (BHMCOs) or contract with community mental health services programs (CMHSPs) to provide mental health outpatient services.
2. The MSSP uses a county-based system to combine all public funding for mental health, substance abuse, and developmental disabilities into one benefit package. This Statewide program provides a full range of services to TANF, SSI, dually eligible, uninsured, and underinsured populations. The

program is administered by the Department of Community Health (DCH), which has sole-source capitated contracts with 49 CMHSPs that provide services in 83 counties. The CMHSPs are county agencies that manage the program and select providers. For mental health, CMHSPs contract with hundreds of nonprofit human service organizations (such as hospitals, services providers, etc.) For substance abuse, CMHSPs are required to subcontract with regional substance abuse coordinating agencies, which are government and quasi-government entities responsible for the management of benefits. There are 15 multicounty substance abuse coordinating agencies in the State.

3. MIFPI is a local service option, in which the major agencies serving children (Child Welfare, Mental Health, and Juvenile Justice) pool funds to provide wraparound services to children and their families. The youth served through MIFPI are generally involved in multiple service systems and require closely coordinated care arrangements. Each of the major child-serving agencies contributes funds to a pool used to finance wraparound services. CMHSPs function as fiduciary agents and share governance responsibility with a variety of agencies. The needs of the individual child determine which agency is responsible for taking the lead in overseeing services. MIFPI receives about 50 percent of its funding from the Family Independence Agency, mental health block grant and community mental health agency dollars. The other 50 percent of its funding is from public health, education, and family court. MIFPI is operational in 17 sites serving 22 counties.
4. Michigan Families is a new managed care program implemented in 1999 for child wel-



Michigan

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

fare services. Michigan's State Welfare Agency contracts with six counties to serve as pilot sites that accept a risk-based payment for children in foster care. The counties provide wraparound community-based services to foster care children in lieu of traditional foster care service methods. Counties are paid a case rate of \$1500 per month per case and the program is primarily funded through Title IV-E dollars.

Non-Managed Care

With the exception of a few Medicaid mental health and substance abuse services, all public sector

behavioral health services are under managed care programs. Mental health services that remain fee-for-service and under the traditional Medicaid program are as follows: (1) up to 10 psychiatrist visits per year, which may be utilized by Medicaid beneficiaries (dually eligibles, spend down, foster care children) that are exempted from managed care, and (2) 20 outpatient visits provided by the CHP (see above). The only substance abuse service that remains under fee-for-service is hospital-based detoxification. All other public mental health and substance abuse programs are included in the MSSP managed care program.

Michigan

Data as of July 1999

COMPREHENSIVE HEALTH PLAN (CHP)

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input checked="" type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input checked="" type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Michigan

Data as of July 1999

COMPREHENSIVE HEALTH PLAN (CHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

- | | Voluntary | Mandatory |
|--|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Michigan

Data as of July 1999

MANAGED SPECIALTY SERVICES PROGRAM (MSSP)

Administration and Financing

Date of Implementation	10/01/1998		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input checked="" type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Michigan

Data as of July 1999

MANAGED SPECIALTY SERVICES PROGRAM (MSSP)

Providers

Provider Payment(s)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

- ☒ TANF
- ☒ SSI
- ☒ Dually Eligible*
- ☐ Medically Needy
- ☐ Expanded Women and Child
- ☐ SOBRA****
- ☐ Foster Care****

Voluntary Mandatory

- | | |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Non-Medicaid

Population

- ☐ General Assistance
- ☒ Uninsured
- ☒ Underinsured
- ☐ Clinical Criteria****

Voluntary Mandatory

- | | |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> * | <input type="checkbox"/> * |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input checked="" type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Michigan

Data as of July 1999

MICHIGAN INTERAGENCY FAMILY PRESERVATION INITIATIVE (MIFPI)

Administration and Financing

Date of Implementation*

Waiver Type

☐ 1115 Waiver

☒ 1915(b) Waiver

☐ Non-Waiver

Status of Program: Implemented

Geographic Coverage

☐ Statewide Implementation

☒ Substate Implementation

Program Type

☒ Medicaid Program

☐ Non-Medicaid Program

Program Approach

☒ Integrated

☐ Carve-out

☐ Partial Carve-out

Contract Type

☒ Full Service

☐ ASO

☐ Other:

Program Funding

☒ Medicaid

☐ State Mental Health

☐ State Substance Abuse

☐ MH Block Grant

☐ SA Block Grant

☒ County

☒ Child Welfare

☐ Corrections

☐ Other:

Purchasers and Contractors

Purchaser

☐ Medicaid

☒ State MH Authority

☐ State SA Authority

☒ Other: Child Welfare, Juvenile Justice

Primary Contractors

Public ☒

Private ☐

Partnership ☐

☒ County/Local Government

☐ HMO

☐ Community Mental Health Center

☐ BHMCO

☐ Community Mental Health Board

☐ Private Community SA Providers

☐ Public Community SA Providers

☐ Other Provider

☐ Other:

☐ Other:

Primary Contractor Payments

☒ Full capitation

☐ Partial capitation

☐ Global budget

☐ Fixed fees

☐ Fee-for-service

☐ Other:

* No response

Michigan

Data as of July 1999

MICHIGAN INTERAGENCY FAMILY PRESERVATION INITIATIVE (MIFPI)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

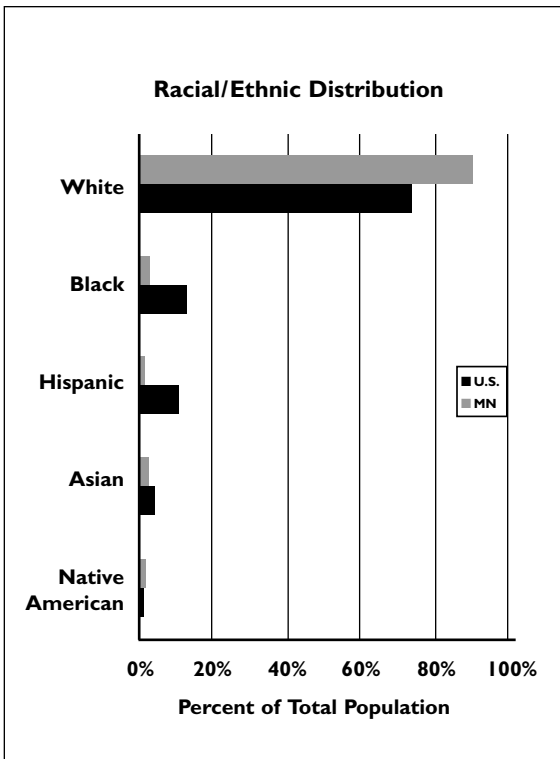
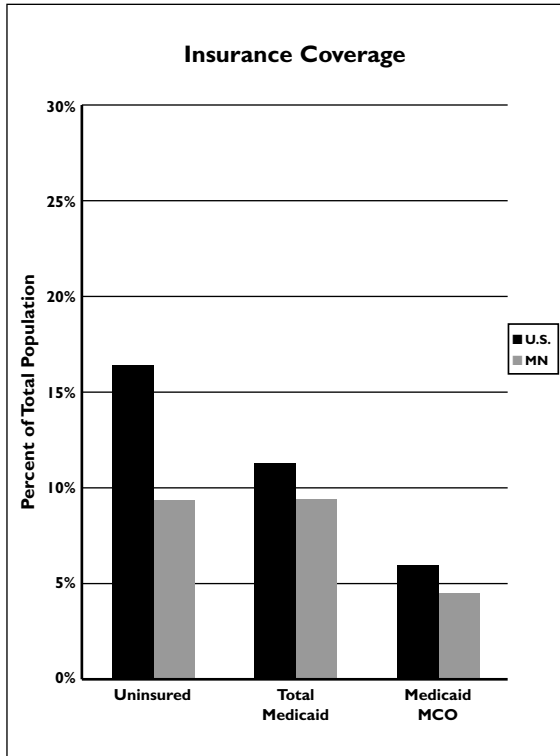
*** To be determined

**** Data not collected on these population categories

Minnesota

Data as of May 2000

STATE CHARACTERISTICS*



Insurance Coverage

	Minnesota	United States	Rank in U.S.
Total Population:	4,685,000	267,636,000	20 of 51
Total Uninsured:	438,000	43,448,000	48 of 51
Total Medicaid:	428,842	30,009,674	34 of 51
Medicaid MCO:	225,498	15,760,205	31 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 40 of 51

Mental Health and Substance Abuse Expenditures

	Minnesota	United States	Rank in U.S.
Total SA Spending:	N/A	\$3,936,438,471	N/A
Total MH Spending:	\$407,199,687	\$16,134,317,777	13 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Minnesota:	32,195	173,249	76,850
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	13 of 51	32 of 51	4 of 26

Racial and Ethnic Distribution

	Minnesota	United States	Rank in U.S.
White:	4,307,000	194,571,000	7 of 51
Black:	133,000	33,947,000	39 of 51
Hispanic:	70,000	26,763,000	37 of 51
Asian:	118,000	10,033,000	15 of 51
Native American:	57,000	2,322,000	15 of 51

*See appendix A for data sources

N/A—Data not available

Minnesota

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Minnesota currently has four integrated health managed care programs with behavioral health components: (1) the Prepaid Medical Assistance Program, (2) MinnesotaCare, (3) the General Assistance Medical Care Managed Care Program, and (4) Minnesota Senior Health Options. There is one managed care program (the Consolidated Chemical Dependency Treatment Fund) specifically for substance abuse services. All programs are implemented statewide, except the General Assistance Medical Care Managed Care Program and Minnesota Senior Health Options, which operates in seven counties. The five plans serve different but overlapping populations.

1. The Prepaid Medical Assistance Program (PMAP) is an integrated health plan that includes mental health services for Medicaid recipients. The State Medicaid agency contracts with eight nonprofit prepaid full-service health plans (PHPs) that may provide the services directly or subcontract with other entities. PHPs are fully at-risk unless they choose a lower capitation in return for an inpatient stop-loss. The program is still in the phase-in process.
2. MinnesotaCare is administered along with PMAP as an integrated health plan, but offers services to two additional populations: (1) a Medicaid portion for pregnant women and children up to 275 percent of the Federal poverty level (FPL), and (2) a non-Medicaid portion for uninsured and working poor individuals. Several sources of funds are used to finance MinnesotaCare: Federal Medicaid for the Medicaid portion, and State funds and recipient premiums for the non-Medicaid portion.
3. The General Assistance Medical Care Managed Care Program is administered by

Medicaid along with PMAP and Minnesota Care. However, this program applies to 100 percent State-funded low-income adults who are not eligible for Medicaid. It includes more limited benefits than those provided under PMAP or Minnesota Care. Similar to both of these programs, PHPs are at full risk and are paid on a prepaid capitated basis. Rates and terms of payment are established the same way as under the PMAP.

4. The Minnesota Senior Health Options (MSHO) serves as an integrated, voluntary program for Medicaid and Medicare eligible individuals. Two divisions within the Department of Human Services (DHS) have joint responsibility for MSHO: the Division of Purchasing and Service Delivery under the Health Care Administration, and the Aging Initiative. These agencies contract with three nonprofit HMOs, which may provide services directly or subcontract services to geriatric care networks. In addition, a county-run HMO for Hennepin county has entered into an agreement with the county's Public Health and Social Services offices to manage home and community-based services. This program receives financing from a private grant foundation and Federal matching Medicaid dollars.
5. The Consolidated Chemical Dependency Treatment Fund (CCDTF) is the State's substance abuse stand-alone program specific to chemical dependency services. Treatment is covered on a fee-for-service basis for Medicaid and general assistance recipients. DHS allocates funds to counties and Indian reservations to manage and deliver services. All major funding sources for CCDTF (State general funds, Substance Abuse Prevention and Treatment Block Grant funds, Medicaid)



Minnesota

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

for the Chemical Dependency Division are pooled by DHS and placed into the Consolidated Chemical Dependency Treatment Fund. These funds are allocated to counties based on population, and income and welfare caseload.

Non-Managed Care

Mental health services funded by the State Mental Health Authority are excluded from managed care. For these services, the Mental Health Program Division contracts with local agencies to provide

community-based public sector mental health services. Most non-Medicaid State mental health funding flows through the 87 counties based on each county's biennial services plan. While counties provide some services directly, most contract with private agencies to deliver services. Most of the services funded by the Chemical Dependency Treatment Division are included under CCDTF. Additional funds, however, are awarded periodically to private providers through a request for proposal process, and used for special projects typically on a demonstration basis.

Minnesota

Data as of July 1999

PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

Administration and Financing

Date of Implementation	07/01/1995		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Minnesota

Data as of July 1999

PREPAID MEDICAL ASSISTANCE PROGRAM (PMAP)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 259,149

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Minnesota

Data as of July 1999

MINNESOTACARE

Administration and Financing

Date of Implementation	09/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:
Primary Contractors	<div>Public <input type="checkbox"/> <input type="checkbox"/> County/Local Government <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Community Mental Health Board <input type="checkbox"/> Public Community SA Providers <input type="checkbox"/> Other:</div> <div>Private <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> HMO <input type="checkbox"/> BHMCO <input type="checkbox"/> Private Community SA Providers <input type="checkbox"/> Other Provider <input type="checkbox"/> Other:</div> <div>Partnership <input type="checkbox"/></div>
Primary Contractor Payments	<input checked="" type="checkbox"/> Full capitation <input type="checkbox"/> Partial capitation <input type="checkbox"/> Global budget <input type="checkbox"/> Fixed fees <input type="checkbox"/> Fee-for-service <input type="checkbox"/> Other:

Minnesota

Data as of July 1999

MINNESOTACARE

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 134,711

Medicaid

Population

Voluntary Mandatory

- | | | |
|--|----------------------------|----------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|-------------------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Uninsured | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Underinsured | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input checked="" type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Minnesota

Data as of July 1999

GENERAL ASSISTANCE MEDICAL CARE MANAGED CARE

Administration and Financing

Date of Implementation	07/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant			
<input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections			
<input checked="" type="checkbox"/> Other: 100% State-funded low-income adults who are not Medicaid eligible.			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Minnesota

Data as of July 1999

GENERAL ASSISTANCE MEDICAL CARE MANAGED CARE

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 14,000

Medicaid

Population

☐ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Minnesota

Data as of July 1999

MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

Administration and Financing

Date of Implementation	02/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
	Status of Program: Implemented		
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> ASO	
	<input type="checkbox"/> Other:		
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Private Foundation Grant, Medicare			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
	<input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Minnesota

Data as of July 1999

MINNESOTA SENIOR HEALTH OPTIONS (MSHO)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 4,000

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Minnesota

Data as of July 1999

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND (CCDTF)

Administration and Financing

Date of Implementation	01/01/1998		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input checked="" type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Minnesota

Data as of July 1999

CONSOLIDATED CHEMICAL DEPENDENCY TREATMENT FUND (CCDTF)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 20,688

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☒

☐

☒

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

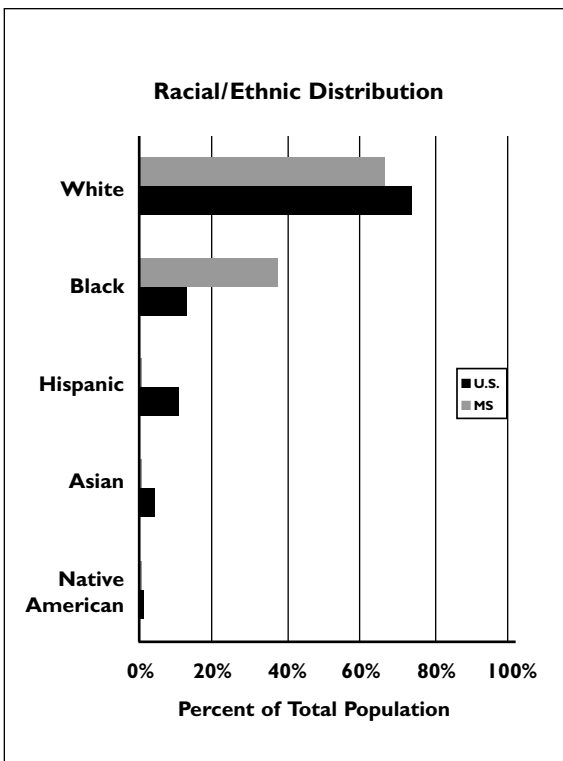
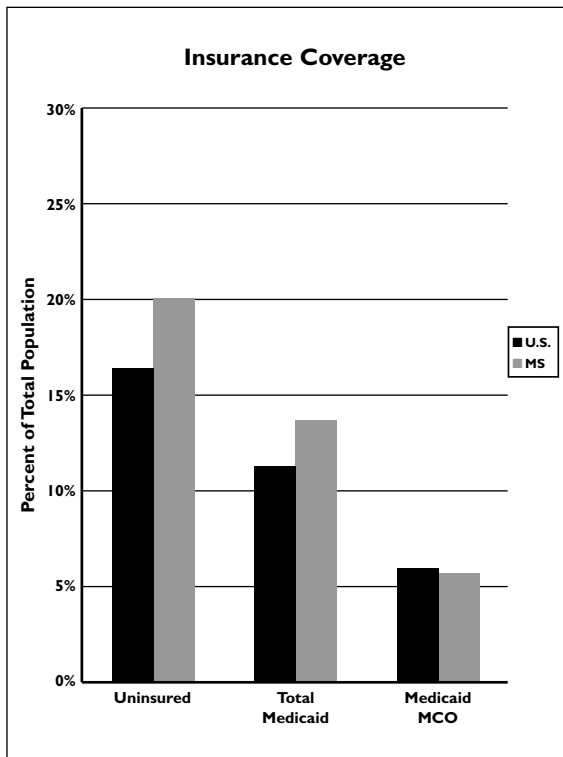
*** To be determined

**** Data not collected on these population categories

Mississippi

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Mississippi	United States	Rank in U.S.
Total Population:	2,731,000	267,636,000	31 of 51
Total Uninsured:	550,000	43,448,000	6 of 51
Total Medicaid:	384,432	30,009,674	7 of 51
Medicaid MCO:	153,562	15,760,205	28 of 51

Persons Below Poverty Level

Percent of Population: 21%

Rank in United States: 2 of 51

Mental Health and Substance Abuse Expenditures

	Mississippi	United States	Rank in U.S.
Total SA Spending:	\$15,308,988	\$3,936,438,471	38 of 51
Total MH Spending:	\$152,696,625	\$16,134,317,777	28 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Mississippi:	19,635	98,629	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	9 of 51	38 of 51	N/A

Racial and Ethnic Distribution

	Mississippi	United States	Rank in U.S.
White:	1,691,000	194,571,000	46 of 51
Black:	993,000	33,947,000	2 of 51
Hispanic:	17,000	26,763,000	50 of 51
Asian:	18,000	10,033,000	48 of 51
Native American:	10,000	2,322,000	32 of 51

*See appendix A for data sources

N/A—Data not available

Mississippi

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

To date, Mississippi has excluded behavioral health services from managed care.

Non-Managed Care

All Medicaid mental health and substance abuse services remain under the traditional fee-for-service system. The mental health authority (Department of Mental Health) contracts with Regional Mental Health Centers and three psychiatric facilities to

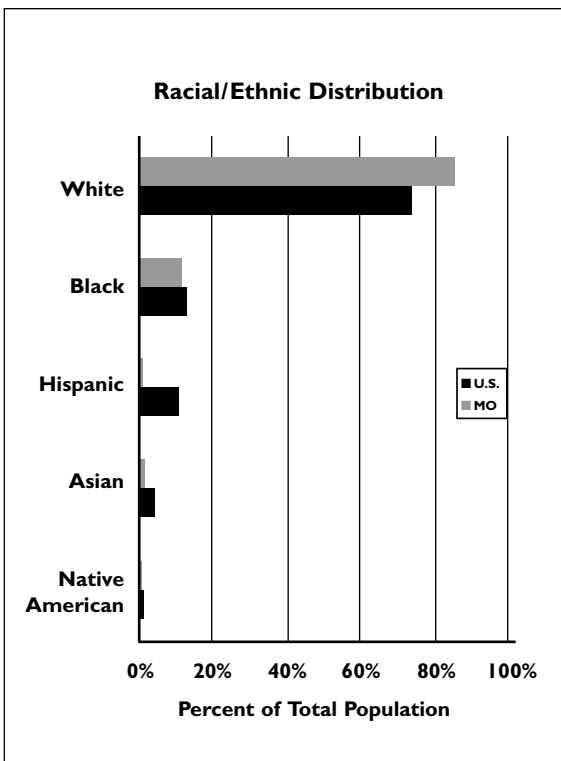
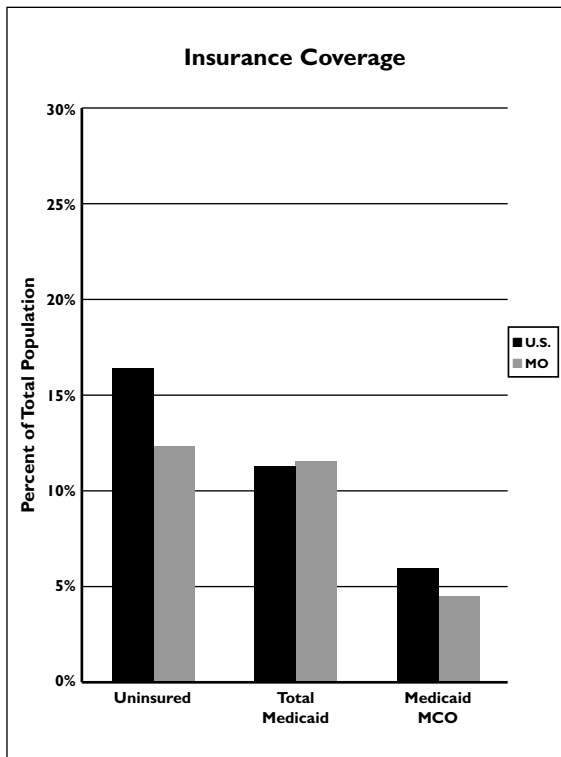
provide public mental health services on a fee-for-service basis. The substance abuse authority (Division of Alcohol and Drug Abuse) purchases services from 33 nonprofit community-based organizations on a fee-for-service basis. The Department of Mental Health and the Division of Alcohol and Drug Abuse contracting agencies are reimbursed monthly through categorical grant funds.



Missouri

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Missouri	United States	Rank in U.S.
Total Population:	5,404,000	267,636,000	16 of 51
Total Uninsured:	669,000	43,448,000	34 of 51
Total Medicaid:	607,321	30,009,674	21 of 51
Medicaid MCO:	252,097	15,760,205	33 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 42 of 51

Mental Health and Substance Abuse Expenditures

	Missouri	United States	Rank in U.S.
Total SA Spending:	\$55,734,389	\$3,936,438,471	19 of 51
Total MH Spending:	\$303,739,989	\$16,134,317,777	19 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Missouri:	35,472	205,321	74,548
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	19 of 51	17 of 51	9 of 26

Racial and Ethnic Distribution

	Missouri	United States	Rank in U.S.
White:	4,645,000	194,571,000	21 of 51
Black:	607,000	33,947,000	20 of 51
Hispanic:	73,000	26,763,000	40 of 51
Asian:	58,000	10,033,000	37 of 51
Native American:	21,000	2,322,000	29 of 51

*See appendix A for data sources

N/A—Data not available

Missouri

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

The State operates two managed care programs that include behavioral health coverage: (1) A physical health managed care program (Managed Care Plus) that includes mental health services, and (2) a managed fee-for-service substance abuse carve-out program (Comprehensive Substance Treatment and Rehabilitation Program/CSTAR).

1. Under Managed Care Plus (MC+), the State Medicaid agency allocates Medicaid funds to 12 for-profit and not-for-profit health maintenance organizations (HMOs) to provide services and program management. A number of the HMOs subcontract mental health services to behavioral health managed care organizations (BHMCOs). Health plans and behavioral health companies refer members seeking substance abuse treatment services to CSTAR, the carve-out program.
2. CSTAR is managed separately from MC+ by the Division of Alcohol and Drug Abuse (ADA), which is responsible for program administration activities and contracting with providers. CSTAR is a managed fee-for-service program and is financed with Medicaid, Federal block grants, and State-only funds that are allocated to substance abuse providers. The ADA performs authorization for a service package, based on a detailed service matrix. If a provider reports that more services are necessary, the licensed clinical staff employed by ADA performs a clinical review.

The State Mental Health Authority reports it will be redesigning its psychiatric and substance abuse treatment services and support system. The new system will incorporate a philosophy of early access, appropriate treatment, and recovery that will likely improve services for consumer and families. System redesign will be implemented in phases over the next several years.

Non-Managed Care

The Department of Mental Health (DMH) contracts with local providers at Community Mental Health Centers (CMHCs) for community-based public sector mental health services that are excluded from managed care and remain under the fee-for-service system. The DMH operates 16 facilities and supports more than 400 community mental health programs administered by private, nonprofit providers in the State's 25 service areas.

The Department's Division of Alcohol and Drug Abuse (ADA) operates various residential and general treatment programs in addition to CSTAR. CSTAR providers are all private and certified by the ADA. Besides CSTAR, the Division of Alcohol and Drug Abuse contracts with local community-based treatment providers to deliver general treatment services including inpatient, outpatient, and detoxification services. These services are paid for with block grants and general revenue funds and reimbursed to providers on a fee-for-service basis.



Missouri

Data as of July 1999

MANAGED CARE PLUS

Administration and Financing

Date of Implementation	09/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Missouri

Data as of July 1999

MANAGED CARE PLUS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 265,497

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☒ SOBRA***

☒ Foster Care***

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐*

☐*

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Missouri

Data as of July 1999

COMPREHENSIVE SUBSTANCE TREATMENT AND REHAB. PROG. (CSTAR)

Administration and Financing

Date of Implementation	01/01/1991		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> Other: <input type="checkbox"/> ASO		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant		
	<input checked="" type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections
	<input checked="" type="checkbox"/> Other: General Revenue		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input checked="" type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Missouri

Data as of July 1999

COMPREHENSIVE SUBSTANCE TREATMENT AND REHAB. PROG. (CSTAR)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☒

☐

☒

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☒

☐

☒

☐

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

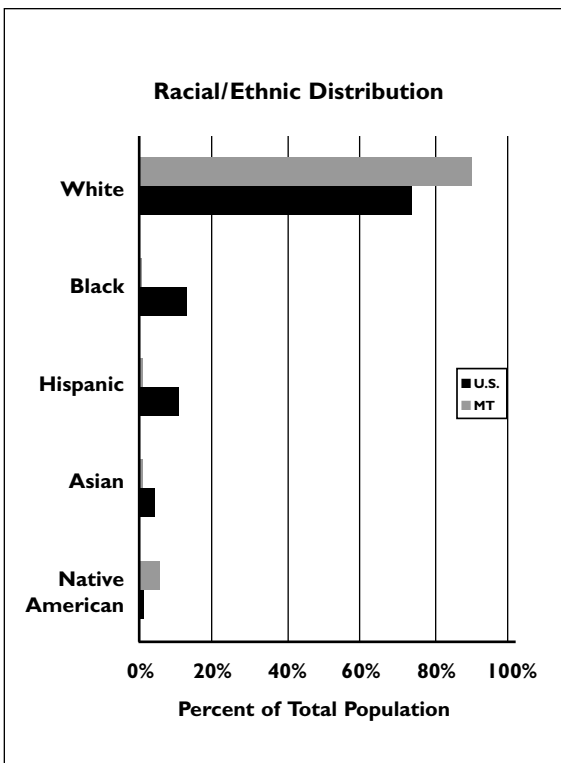
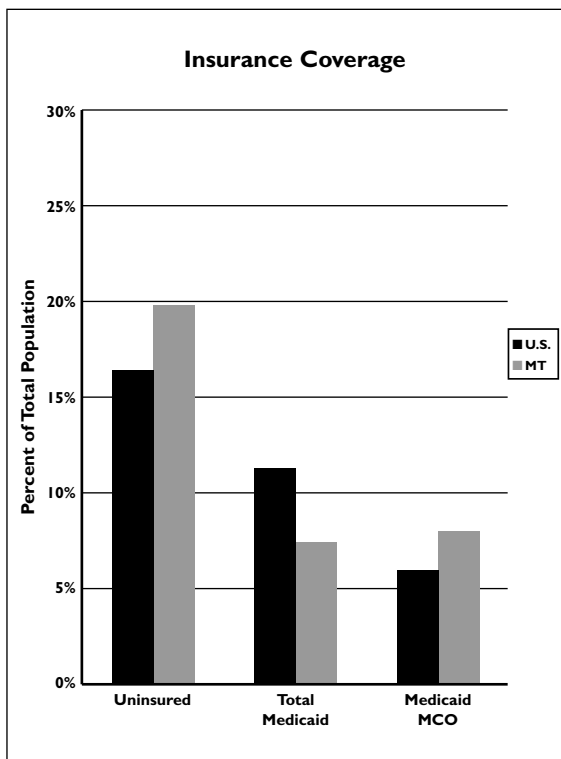
*** To be determined

**** Data not collected on these population categories

Montana

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Montana	United States	Rank in U.S.
Total Population:	879,000	267,636,000	44 of 51
Total Uninsured:	174,000	43,448,000	7 of 51
Total Medicaid:	67,387	30,009,674	40 of 51
Medicaid MCO:	66,331	15,760,205	15 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 7 of 51

Mental Health and Substance Abuse Expenditures

	Montana	United States	Rank in U.S.
Total SA Spending:	\$11,036,347	\$3,936,438,471	42 of 51
Total MH Spending:	\$81,889,379	\$16,134,317,777	37 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Montana:	6,342	31,156	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	8 of 51	40 of 51	N/A

Racial and Ethnic Distribution

	Montana	United States	Rank in U.S.
White:	803,000	194,571,000	8 of 51
Black:	3,000	33,947,000	51 of 51
Hispanic:	13,000	26,763,000	38 of 51
Asian:	5,000	10,033,000	50 of 51
Native American:	55,000	2,322,000	5 of 51

*See appendix A for data sources

N/A—Data not available

Montana

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

The Montana mental health system underwent significant changes in 1999. The State's behavioral health managed care program (Mental Health Access Plan), a joint venture between a private behavioral health managed care organization and a coalition of public providers, was terminated in March of 1999. On July 1, the Department of Public Health and Human Services (DPHHS) reverted back to a fee-for-service system (see details below). The State has appointed a Mental Health Oversight Committee to monitor the development of a new program expected to be implemented in July 2000; it has yet to be determined if the new program will be fee-for-service or managed care.

Non-Managed Care

On July 1, DPHHS began operating the new fee-for-service program, referred to as the Mental Health Services Plan (MHSP). All of the members of the Mental Health Access Plan have been automatically transferred to MHSP, which includes services similar to the now defunct Mental Health Access Plan. The most critical system change has been that consumers are now expected to pay for a portion of their mental health care. Recipients must

pay a \$5 copayment for generic medications, a \$15 to \$25 copayment for brand-name drugs, and \$100 per hospitalization. All Medicaid mental health services are now purchased on a fee-for-service basis.

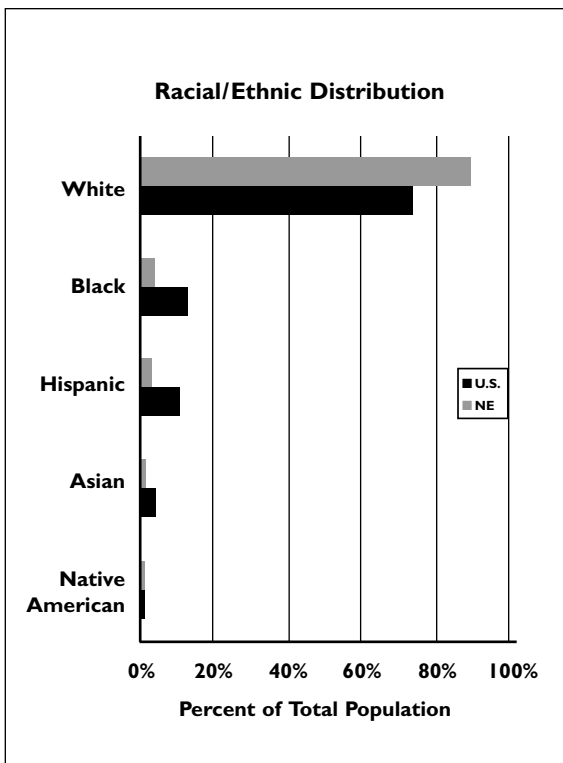
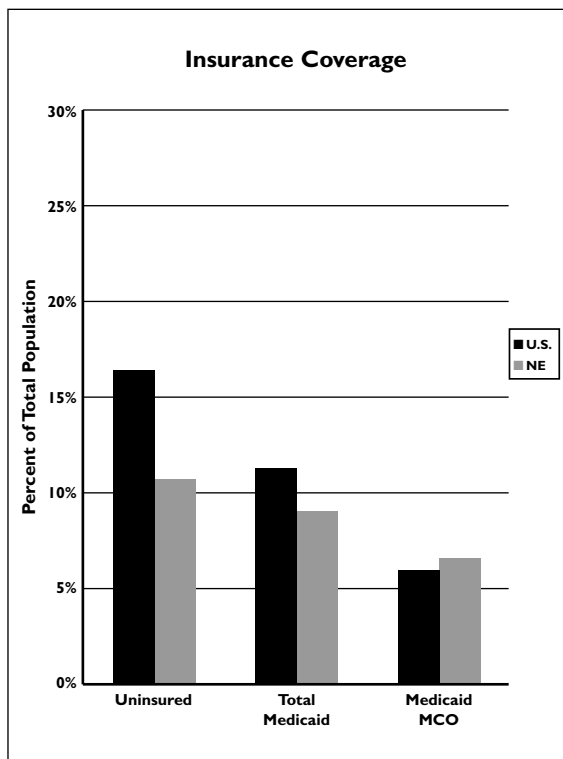
The State mental health authority will purchase other mental health services in a fee-for-service model parallel to the Medicaid mental health system. Services for Medicaid and non-Medicaid enrollees will remain the same. However, 24-hour acute care for non-Medicaid clients will no longer be paid for by the State. This service was not covered by Montana prior to the implementation of the managed care program. All services funded by the State substance abuse authority (Addictive and Mental Disorders Division/AMDD), are provided directly by the Division in three state-operated facilities and through relationships with private service providers (i.e., community mental health centers, chemical dependency programs, private mental health providers). Funding for mental health and substance abuse services is provided through several federal programs: Medicaid, the Substance Abuse Prevention and Treatment Block Grant, the Mental Health Block Grant, and the PATH grant providing services for the homeless mentally ill.



Nebraska

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Nebraska	United States	Rank in U.S.
Total Population:	1,657,000	267,636,000	38 of 51
Total Uninsured:	180,000	43,448,000	45 of 51
Total Medicaid:	151,955	30,009,674	33 of 51
Medicaid MCO:	110,606	15,760,205	24 of 51

Persons Below Poverty Level

Percent of Population: 10%

Rank in United States: 38 of 51

Mental Health and Substance Abuse Expenditures

	Nebraska	United States	Rank in U.S.
Total SA Spending:	\$15,237,995	\$3,936,438,471	39 of 51
Total MH Spending:	\$63,939,048	\$16,134,317,777	40 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Nebraska:	11,552	62,066	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	11 of 51	26 of 51	N/A

Racial and Ethnic Distribution

	Nebraska	United States	Rank in U.S.
White:	1,493,000	194,571,000	12 of 51
Black:	66,000	33,947,000	33 of 51
Hispanic:	62,000	26,763,000	22 of 51
Asian:	21,000	10,033,000	30 of 51
Native American:	15,000	2,322,000	18 of 51

*See appendix A for data sources

N/A—Data not available

Nebraska

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Nebraska has two behavioral health managed care programs: (1) The Nebraska Health Connection Mental Health/Substance Abuse (MH/SA) Component, and (2) the Nebraska Behavioral Health System (NBHS). Nebraska Health Connection (MH/SA) is a Medicaid waiver program and the NBHS is a non-Medicaid program.

Nebraska Health Connection (MH/SA) Component is a behavioral health stand-alone covering adolescent mental health and substance abuse services on a capitated basis. The Nebraska Health Connection (MH/SA), along with the Medical/Surgical Component of the program, establishes an integrated service delivery system for mental health and substance abuse services for Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), and Sixth Omnibus Budget Reconciliation Act (SOBRA) populations, and pregnant women and children below 185 percent of the Federal poverty level. The Nebraska Health and Human Services Systems contracts with a for-profit behavioral health managed care organization (BHMCO) for the MH/SA Component. The BHMCO is at full financial risk and contracts with any willing mental health/substance abuse provider. Medicaid dollars are the source of funds for this program. The current contract ends in December 1999, and a new request for proposal (RFP) has already been drafted.

The Department of Health and Human Services (DHHS), Division of Health and Well Being, has implemented NBHS, which is a separate, stand-alone, non-Medicaid managed care program for uninsured and underinsured clients receiving services funded by the State substance abuse and mental health authorities. For the NBHS, the DHHS contracts with a for-profit behavioral health managed care organization under an administrative

services only (ASO) arrangement to provide utilization management for all State-funded fee-for-service programs. The State notes that Nebraska released a new ASO RFP in August of 1999 and expected to be transitioning from its current contractor to a new one in December of 1999. The DHHS manages the provider network, as well as contracts with six State-operated Regional Centers to provide inpatient and outpatient services. State general revenue dollars and federal mental health and substance abuse prevention treatment block grants dollars fund this program and providers are paid on a fee-for-service basis.

Nebraska currently has plans to integrate all three programs discussed above: Nebraska Health Connection (MH/SA), Nebraska Health Connection Medical/Surgical Component, and the Nebraska Behavioral Health System. This integration is still in the planning stages, and the goal is to have integration complete by January 2002.

Non-Managed Care

For Medicaid clients (i.e., excess income, Medicare, subsidized adoption status) who are not part of Nebraska Health Connection, mental health and substance abuse services are reimbursed fee-for-service. Mental health services provided by the State's mental health authority (i.e., emergency services and outpatient care) are excluded from managed care and provided fee-for-service via a variety of providers. For substance abuse services provided by the State substance abuse authority (i.e., emergency detoxification, some outpatient) and excluded from managed care, the State also contracts with a variety of providers. In addition, children and the Native American populations are currently excluded from managed care. The mental health and substance abuse authorities distribute a combination of federal block grant and state funds to support services to these populations.



Nebraska

Data as of July 1999

NEBRASKA HEALTH CONNECTION MH/SA COMPONENT

Administration and Financing

Date of Implementation	07/17/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Nebraska

Data as of July 1999

NEBRASKA HEALTH CONNECTION MH/SA COMPONENT

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 93,085

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☒ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐*

☐*

☐*

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☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐*

☐*

☐*

☐*

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other:

☐ Prevention

☒ Transportation

☐ Detoxification

☐ Opiate/Methadone

SA Day treatment, IMD services, foster care, group homes, assessment, community treatment

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Nebraska

Data as of July 1999

NEBRASKA BEHAVIORAL HEALTH SYSTEM (NBHS)

Administration and Financing

Date of Implementation	01/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State Mental Health	<input checked="" type="checkbox"/> State Substance Abuse	<input checked="" type="checkbox"/> MH Block Grant
<input checked="" type="checkbox"/> SA Block Grant	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input checked="" type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Nebraska

Data as of July 1999

NEBRASKA BEHAVIORAL HEALTH SYSTEM (NBHS)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations****

Total Enrolled: 40,000

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☒

☐

☒

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☒ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☒

☐

☐

☒

☐

☒

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☒ Other: ACT

☐ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other: ACT, Community support

☒ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

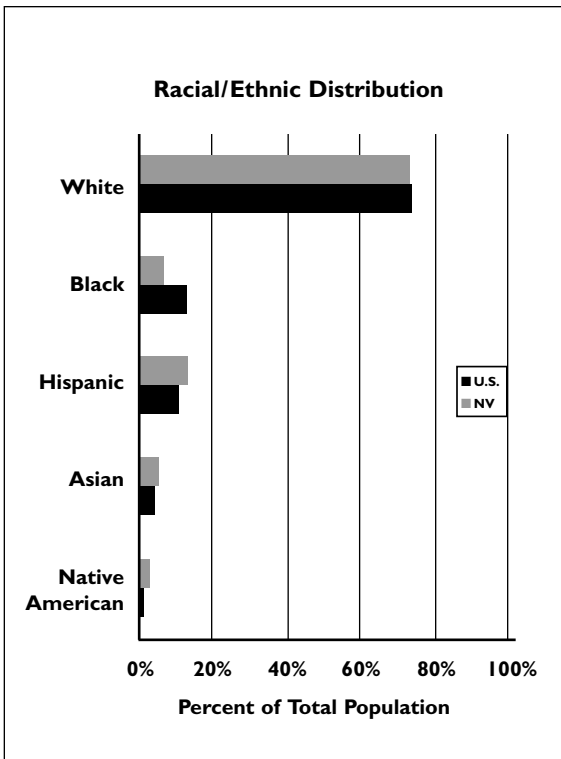
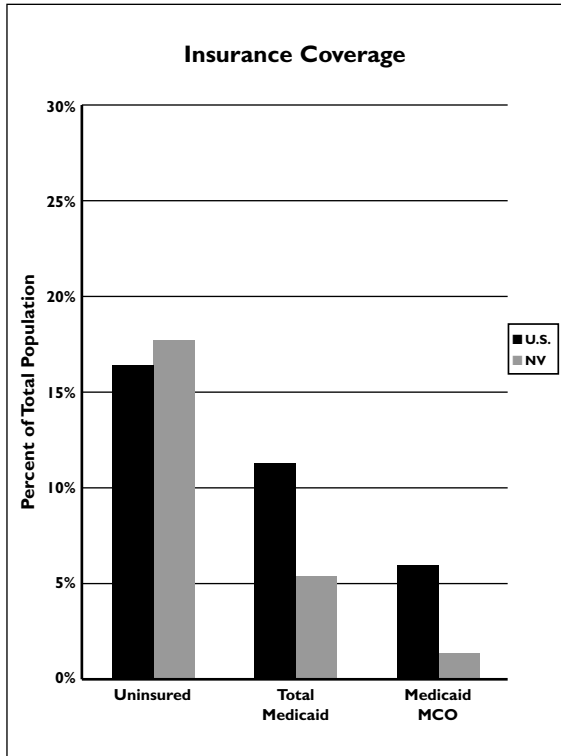
**** Data not collected on these population categories

***** This program also provides services to the EXPMED population.

Nevada

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Nevada	United States	Rank in U.S.
Total Population:	1,678,000	267,636,000	37 of 51
Total Uninsured:	301,000	43,448,000	13 of 51
Total Medicaid:	90,585	30,009,674	51 of 51
Medicaid MCO:	35,089	15,760,205	44 of 51

Persons Below Poverty Level

Percent of Population: 8%

Rank in United States: 47 of 51

Mental Health and Substance Abuse Expenditures

	Nevada	United States	Rank in U.S.
Total SA Spending:	\$10,422,191	\$3,936,438,471	43 of 51
Total MH Spending:	\$74,418,596	\$16,134,317,777	39 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Nevada:	9,335	48,864	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	48 of 51	50 of 51	N/A

Racial and Ethnic Distribution

	Nevada	United States	Rank in U.S.
White:	1,218,000	194,571,000	35 of 51
Black:	125,000	33,947,000	25 of 51
Hispanic:	231,000	26,763,000	5 of 51
Asian:	74,000	10,033,000	7 of 51
Native American:	30,000	2,322,000	9 of 51

*See appendix A for data sources

N/A—Data not available

Nevada

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

In 1999, Nevada began operating a nonwaiver Medicaid Managed Care Program that includes behavioral health services. The integrated program operates strictly in Clark and Washoe counties. It provides mental health and substance abuse services to Temporary Assistance to Needy Families (TANF) populations. Medicaid contracts directly with four HMOs, three of which contract with behavioral health managed care organizations (BHMCOs) to provide services on a fully capitated basis.

Non-Managed Care

Medicaid mental health and substance abuse services remain under the fee-for-service system in all

areas of the state except Clark and Washoe counties. All services provided by the mental health authority (the Department of Mental Health and Developmental Services) are excluded from managed care. The Department of Mental Health and Developmental Services contracts directly with rural clinics and mental health providers, as well as two psychiatric facilities and one forensic hospital to provide public mental health services. All substance abuse services funded by the State substance abuse authority are excluded from managed care. For these services, the Bureau of Alcohol and Drug Abuse (BADA) contracts with 80 nonprofit community-based organizations.



Nevada

Data as of July 1999

MEDICAID MANAGED CARE PROGRAM

Administration and Financing

Date of Implementation	12/01/1998		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Nevada

Data as of July 1999

MEDICAID MANAGED CARE PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 47,726

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☐

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☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☒ Other: emergency transportation

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

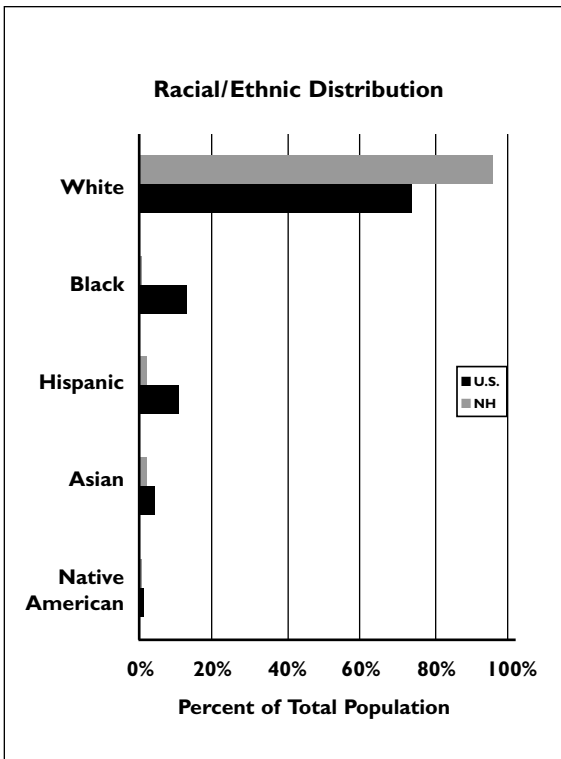
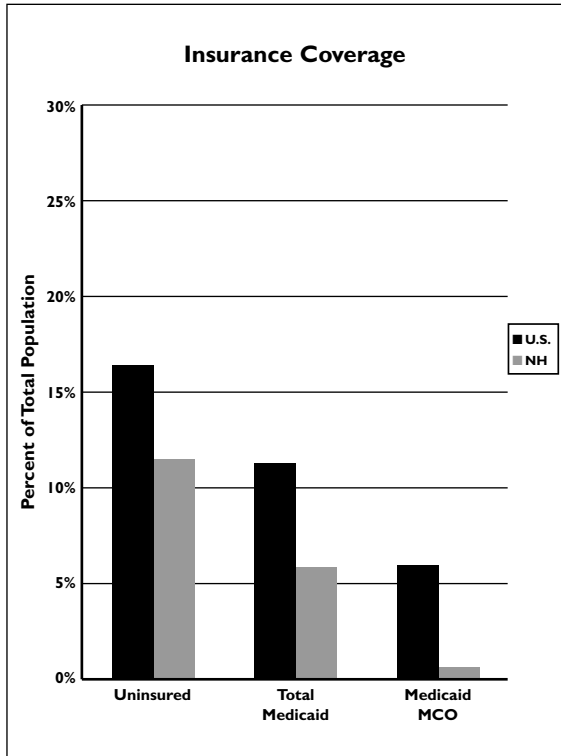
*** To be determined

**** Data not collected on these population categories

New Hampshire

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	New Hampshire	United States	Rank in U.S.
Total Population:	1,171,000	267,636,000	42 of 51
Total Uninsured:	141,000	43,448,000	37 of 51
Total Medicaid:	73,036	30,009,674	48 of 51
Medicaid MCO:	7,368	15,760,205	48 of 51

Persons Below Poverty Level

Percent of Population: 6%

Rank in United States: 50 of 51

Mental Health and Substance Abuse Expenditures

	New Hampshire	United States	Rank in U.S.
Total SA Spending:	\$8,568,567	\$3,936,438,471	45 of 51
Total MH Spending:	\$116,241,088	\$16,134,317,777	33 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
New Hampshire:	7,385	44,847	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	32 of 51	16 of 51	N/A

Racial and Ethnic Distribution

	New Hampshire	United States	Rank in U.S.
White:	1,133,000	194,571,000	3 of 51
Black:	8,000	33,947,000	45 of 51
Hispanic:	15,000	26,763,000	41 of 51
Asian:	13,000	10,033,000	34 of 51
Native American:	2,000	2,322,000	48 of 51

*See appendix A for data sources

N/A—Data not available

New Hampshire

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

New Hampshire operates two publicly funded managed care programs that provide behavioral health services. One is a Medicaid voluntary HMO program (New Hampshire Managed Care) covering physical health care and some mental health and substance abuse services for Temporary Assistance to Needy Families (TANF) eligible recipients. The second managed care program (New Hampshire Department of Mental Health and Developmental Services/NHDMHDS), is specifically designed for persons with severe mental illness supported by State mental health authority funding.

Under the New Hampshire Managed Care program, the Medicaid agency contracts with one for-profit HMO, which subcontracts with Community Mental Health Centers to provide behavioral health services. The Department of Health and Human Services (DHHS) is waiting for approval to make this program mandatory, but the State anticipates the soonest the program will become mandatory will be in July of 2000. It serves TANF children and adults, excluding the disabled.

NHDMHDS is a stand-alone program, implemented statewide and funded with Medicaid dollars. Under the NHDMHDS plan, CMHCs are given financial incentives for high performance. The Department of Mental Health and

Developmental Services (DMHDS) withholds one to five percent of CMHC allocations for a statewide pool for performance funding. Performance allocations are provided to CMHCs that demonstrate efficiency, effectiveness, and resource need. The Department's intent is to gradually reimburse providers on costs per client rather than on a unit cost basis. The program is financed with State mental health budget allocations. The population covered is determined by level of need criteria (e.g., treatment and rehabilitation to children, older adults, and eligible adults; emergency services and eligibility assessment to anyone based on need).

Non-Managed Care

For nonmanaged programs, New Hampshire provides community mental health services through contracts with 10 private, nonprofit community mental health centers. In addition, the State operates the New Hampshire Hospital, which provides psychiatric inpatient care to patients with either acute or chronic mental illness. Substance abuse services funded by New Hampshire's Substance Abuse Authority are not included under managed care programs. For these programs, the Substance Abuse Authority purchases services under several types of arrangements. These include direct contracts with service providers and direct district service operations.



New Hampshire

Data as of July 1999

NEW HAMPSHIRE MANAGED CARE

Administration and Financing

Date of Implementation	03/01/1983		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

New Hampshire

Data as of July 1999

NEW HAMPSHIRE MANAGED CARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 5,913

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☒

☐

☐

☐

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

New Hampshire

Data as of July 1999

NHDMHDS

Administration and Financing

Date of Implementation	03/01/1983		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input checked="" type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other: Performance contracting	

New Hampshire

Data as of July 1999

NHDMHDS

Providers

Provider Payment(s)

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

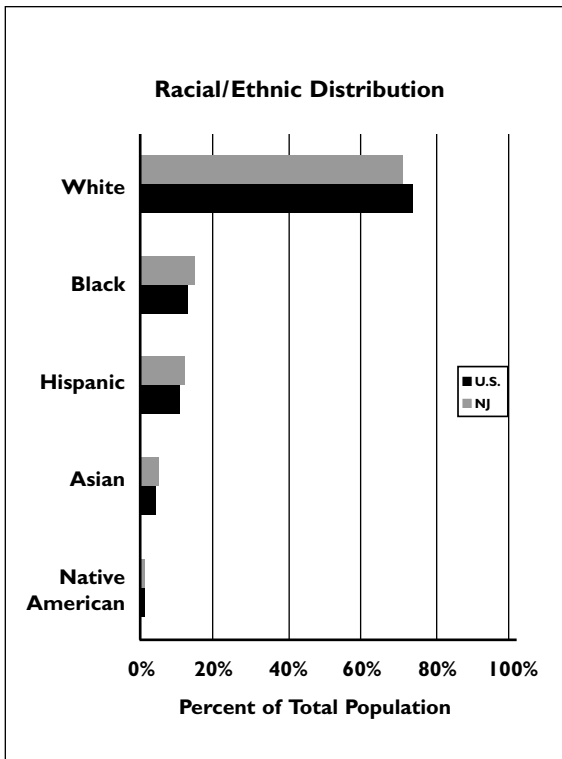
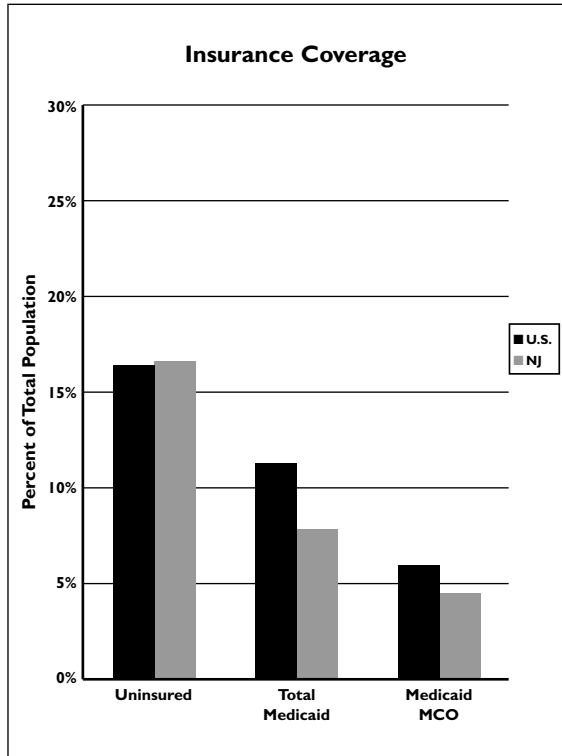
*** To be determined

**** Data not collected on these population categories

New Jersey

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	New Jersey	United States	Rank in U.S.
Total Population:	8,052,000	267,636,000	9 of 51
Total Uninsured:	1,320,000	43,448,000	18 of 51
Total Medicaid:	643,120	30,009,674	38 of 51
Medicaid MCO:	376,839	15,760,205	32 of 51

Persons Below Poverty Level

Percent of Population: 9%

Rank in United States: 43 of 51

Mental Health and Substance Abuse Expenditures

	New Jersey	United States	Rank in U.S.
Total SA Spending:	\$93,615,158	\$3,936,438,471	10 of 51
Total MH Spending:	\$554,985,588	\$16,134,317,777	9 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
New Jersey:	46,634	320,259	106,300
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	46 of 51	9 of 51	11 of 26

Racial and Ethnic Distribution

	New Jersey	United States	Rank in U.S.
White:	5,611,000	194,571,000	38 of 51
Black:	1,170,000	33,947,000	16 of 51
Hispanic:	826,000	26,763,000	9 of 51
Asian:	424,000	10,033,000	4 of 51
Native American:	21,000	2,322,000	39 of 51

*See appendix A for data sources

N/A—Data not available

New Jersey

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

All behavioral health services are provided on a fee-for-service basis and excluded from New Jersey's Medicaid managed care program for physical health. The State Medicaid, Mental Health, and Addiction Services agencies, however, continue to develop and plan a behavioral health managed care initiative. The State is also seeking and collecting input from the behavioral health stakeholder community regarding various design options.

Non-Managed Care

All (Medicaid, mental health, and substance abuse authorities) mental health and substance abuse ser-

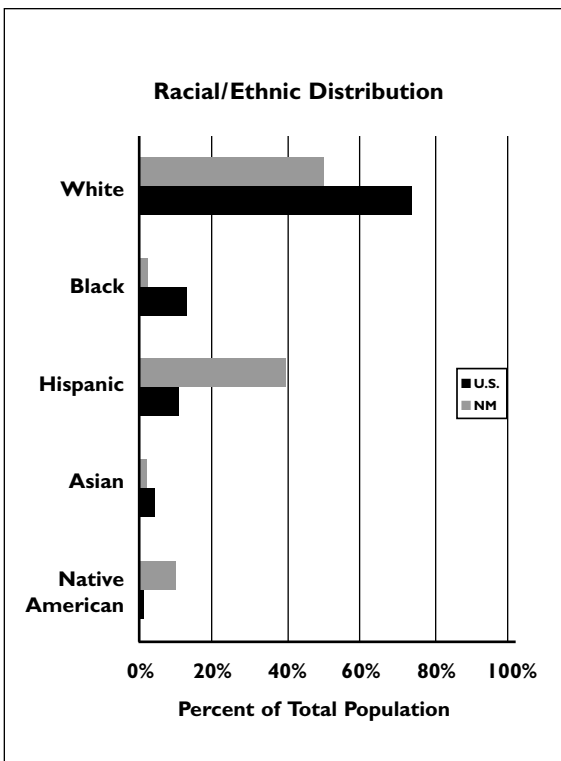
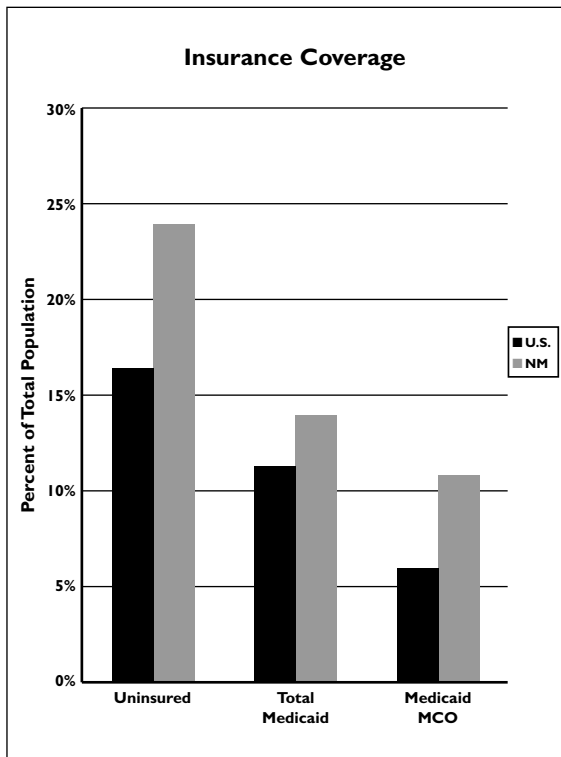
vices remain in the traditional fee-for-service system. The Division of Mental Health provides funding to three geographic regions serving a total of 130 nonprofit agencies. The nonprofit agencies provide community-based public sector mental health services. In addition, the State operates six psychiatric facilities to treat acute chronic psychiatric conditions. Substance abuse services are administered at the county level and funded through block grants and State monies.



New Mexico

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	New Mexico	United States	Rank in U.S.
Total Population:	1,729,000	267,636,000	36 of 51
Total Uninsured:	413,000	43,448,000	4 of 51
Total Medicaid:	243,059	30,009,674	9 of 51
Medicaid MCO:	193,818	15,760,205	3 of 51

Persons Below Poverty Level

Percent of Population: 26%

Rank in United States: 1 of 51

Mental Health and Substance Abuse Expenditures

	New Mexico	United States	Rank in U.S.
Total SA Spending:	\$13,949,708	\$3,936,438,471	41 of 51
Total MH Spending:	\$53,712,067	\$16,134,317,777	44 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
New Mexico:	12,562	57,690	29,237
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	7 of 51	47 of 51	3 of 26

Racial and Ethnic Distribution

	New Mexico	United States	Rank in U.S.
White:	840,000	194,571,000	49 of 51
Black:	44,000	33,947,000	40 of 51
Hispanic:	663,000	26,763,000	1 of 51
Asian:	24,000	10,033,000	28 of 51
Native American:	158,000	2,322,000	2 of 51

*See appendix A for data sources

N/A—Data not available

New Mexico

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

New Mexico operates one Medicaid managed care program—SALUD!, New Mexico Partnership for Wellness and Health. Under risk-based capitation management with health maintenance organizations (HMOs), the entities provide benefits for all medical/surgical and specialty health care services, including mental health and substance abuse.

Under SALUD!, New Mexico's Medicaid agency contracts directly with three for-profit HMOs. The HMOs are required to identify and partner with providers experienced in delivering behavioral health services. Although the HMOs in New Mexico were previously required to subcontract with national behavioral health managed care organizations (BHMCOs), this is no longer the case. One of the HMOs' Behavioral Health Departments is contracting directly with Regional Care Coordinators/RCC (local provider groups) to deliver services, one HMO provides behavioral health services through one of its subsidiaries that specializes in behavioral health and contracts with RCCs in some areas, and the remaining HMO continues to subcontract with a private BHMCO. The responsibilities of the RCCs vary depending on the geographic area of the State and their negotiated relationship to managed care organizations (MCOs). In addition, the HMOs' payment arrangements with the RCCs may be either fee-for-service or capitated.

The benefit package under SALUD! offers a wide range of traditional services (such as inpatient/outpatient for mental health and outpatient for substance abuse) and nontraditional services (such as transitional living, shelter care, and school-based therapy) to Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), and Native American populations. Native Americans recently attempted, but failed to pass a law to reverse a State policy, which automatically enrolls them in managed care unless they

opt out via written correspondence. Indian Health Services (IHS) facilities are auto eligible to be in all MCO provider networks.

Non-Managed Care

The Behavioral Health Services Division (BHSD) of the Department of Health is the State authority for planning and implementing a statewide behavioral health system of mental health and substance abuse services. Behavioral health services to non-Medicaid individuals are provided by the BHSD. The Medicaid managed care programs operate under the authority of the Medical Assistance Division of the Human Services Department. The evolution of the public health care system toward a managed care environment promoting cost efficiency and service effectiveness has necessitated a more holistic approach to service intervention. As a result, BHSD is in the process of transitioning from a fee-for-service reimbursement system to a managed regional allocation of resources using state general funds and federal block grant funding. This initiative is called the Regional Funding Plan. The Division currently contracts with more than 40 community-based providers for the provision of mental health or substance abuse services. In addition, the Division contracts with seven Native American tribal entities for the delivery of care; however, funding for the tribes is through fee-for-service. It is the intent of the Division to contract with five regional behavioral health networks (also referred to as Regional Care Coordinators/RCCs) by July 1, 2000. The inclusion of the tribal entities in the Regional Funding Plan has not yet been determined.

During the current transition period, individual service providers in each of the five regions of the State must collaborate with other providers in their region to provide a full array of behavioral health services and must organize themselves into a regional care service system. The regional system will comprise a network of providers and an RCC.



New Mexico

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Regional funding will occur in monthly allotments, allowing flexibility for innovative system development at both the regional and community level. Regionalization of administrative functions will allow for standardization of access to care, uniform

level of care placement criteria, and systems responsive to quality management, management information, and consumer/community complaints.

New Mexico

Data as of July 1999

SALUD!

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:
Primary Contractors	<div>Public <input type="checkbox"/> <input type="checkbox"/> County/Local Government <input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> Community Mental Health Board <input type="checkbox"/> Public Community SA Providers <input type="checkbox"/> Other:</div> <div>Private <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> HMO <input type="checkbox"/> BHMCO <input type="checkbox"/> Private Community SA Providers <input type="checkbox"/> Other Provider <input type="checkbox"/> Other:</div> <div>Partnership <input type="checkbox"/></div>
Primary Contractor Payments	<input checked="" type="checkbox"/> Full capitation <input type="checkbox"/> Partial capitation <input type="checkbox"/> Global budget <input type="checkbox"/> Fixed fees <input type="checkbox"/> Fee-for-service <input type="checkbox"/> Other:

New Mexico

Data as of July 1999

SALUD!

Providers

Provider Payment(s)

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input checked="" type="checkbox"/> Other: Combination of per diems and FFS | |

Populations

Total Enrolled: 60,377

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☒ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☒

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

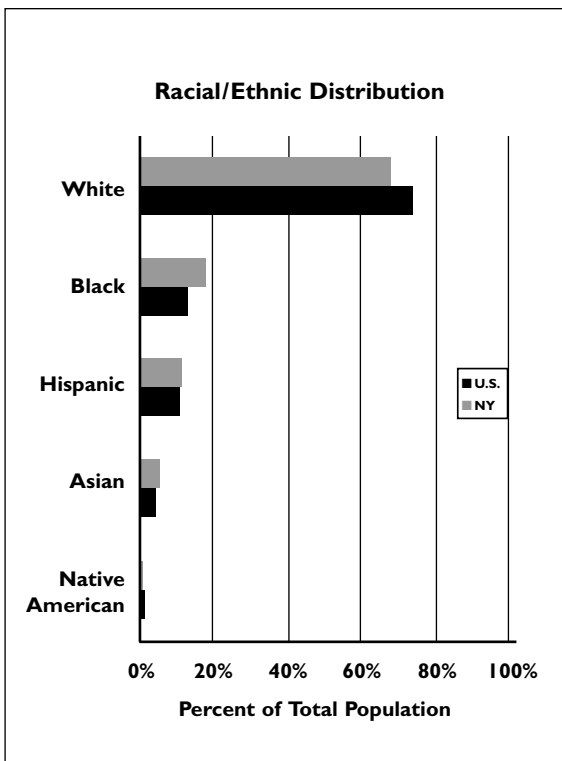
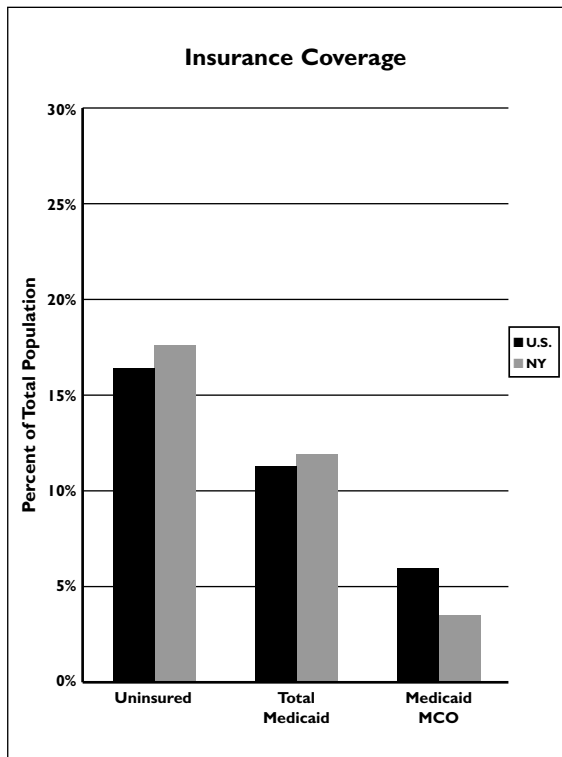
*** To be determined

**** Data not collected on these population categories

New York

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	New York	United States	Rank in U.S.
Total Population:	18,136,000	267,636,000	3 of 51
Total Uninsured:	3,174,000	43,448,000	15 of 51
Total Medicaid:	2,140,104	30,009,674	17 of 51
Medicaid MCO:	634,233	15,760,205	38 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 10 of 51

Mental Health and Substance Abuse Expenditures

	New York	United States	Rank in U.S.
Total SA Spending:	\$891,374,902	\$3,936,438,471	1 of 51
Total MH Spending:	\$2,037,709,464	\$16,134,317,777	1 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
New York:	107,072	741,469	190,439
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	42 of 51	5 of 51	25 of 26

Racial and Ethnic Distribution

	New York	United States	Rank in U.S.
White:	11,958,000	194,571,000	43 of 51
Black:	3,208,000	33,947,000	11 of 51
Hispanic:	1,943,000	26,763,000	8 of 51
Asian:	953,000	10,033,000	5 of 51
Native American:	74,000	2,322,000	28 of 51

*See appendix A for data sources

N/A—Data not available

New York

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

In July 1997, the Federal Government approved a Section 1115 waiver authorizing New York State to implement a mandatory managed care program referred to as "The Partnership Plan" to provide managed health care and managed behavioral health care through mainstream health plans (Basic Health Plan) and special needs plans (SNPs). In addition to The Partnership Plan, the State provides managed behavioral health services under a Prepaid Mental Health Plan and a fee-for-service County Demonstration for Managed Addiction Treatment Services. Pursuant to the State's agreement with the Health Care Financing Administration (HCFA), mandatory enrollment in mainstream health plans is being implemented in four phases, two of which have occurred.

The Partnership Plan

Under The Partnership Plan, the Temporary Assistance to Needy Families (TANF) eligible populations (including most of the nonelderly, noninstitutionalized Medicaid population in the State, and safety net Title XIX population) are gradually being required to enroll in the partnership plans. Supplemental Security Income (SSI) and SSI-related beneficiaries, including individuals with serious and persistent mental illness (SPMI) and serious emotional disturbance (SED), may now enroll in mainstream health plans on a voluntary basis. In the future, however, the State will enter into a mandatory implementation phase of enrollment for SSI and SSI-related beneficiaries.

The managed care benefit package offered by the mainstream health to the non-SSI population includes physical health care and certain mental health, alcohol, and substance abuse treatment services. Behavioral health benefits needed beyond those covered in the health plan are accommodated

via a stop-loss arrangement or in certain cases under the medical assistance fee-for-service system.

The Partnership Plan: Special Needs Plans

In addition to the health plans, New York State plans to implement six statewide adult mental health SNPs and three children's mental health SNPs. SNPs will be structured to provide specialized services to eligible adults who are SPMI and eligible children who are SED. During the initial phase of SNP implementation, enrollment for qualifying individuals will remain voluntary. During the voluntary phase, SNP eligible individuals may choose to access general health care or mental health care through Medicaid fee-for-service, or they may choose to voluntarily enroll in a Mainstream Health Plan or SNP. SNPs will be mandatory when they become certified by the State and approved by HCFA. At that time, SNP eligibles have the option to enroll in a mainstream health plan for their health and mental health services, or co-enroll in a mainstream health plan for health care and an SNP for mental health services.

In July 1999, the New York State Office of Mental Health (OMH) and the New York State Department of Health issued requests for proposals (RFPs) for Adult SNPs in two county consortia (Central New York and West New York), as well as in New York City and Westchester County. It is anticipated that New York City will implement three adult SNPs, and Westchester County and the Central and Western consortia will each implement one SNP. A phased-in implementation is expected to begin in July 2000. The OMH and Department of Health are developing a model RFP for children's mental health SNPs. The Central New York Consortium, Western New York Consortium, Westchester County, and Nassau County, have expressed an interest in developing children's SNPs.



New York

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Prepaid Mental Health Plan

Under a separate program (the Prepaid Mental Health Plan), New York State Medicaid office contracts with 18 of its 28 State-operated psychiatric centers to serve as managed care networks. State-operated psychiatric centers provide a range of services, including clinical treatment, crisis response, mental health rehabilitation, mental health support, and self-help empowerment services to the Medicaid recipients. This program, utilizing a Medicaid funding base, has been operational since 1996.

County Demonstration for Managed Addiction Treatment Services

Officials in New York State are also in the process of implementing a managed care program for substance abuse services. The Office of Alcoholism and Substance Abuse Services (OASAS) and the Department of Health are reviewing county proposals to implement managed addiction treatment services demonstration projects. Demonstration projects will allow counties to develop and pilot approaches to coordinate Medicaid and OASAS local assistance addiction treatment services. County demonstration activities are targeted at developing policies for effective management of the full spectrum of addiction treatment and support services. Demonstration projects are expected to result in improved client outcomes, appropriate service linkages, and reduced costs as a result of utilization. New York State anticipates that approximately 13 counties will eventually operate an OASAS demonstration project.

Non-Managed Care

Certain Medicaid services for mental health and substance abuse are not included in the mainstream health plan and remain fee-for-service. The following services are excluded from the mainstream health plan: (1) Intensive Psychiatric Rehabilitation Treatment Program, (2) Children's Day Treatment Program, (3) Continuing Day Treatment Program, (4) Intensive Case Management, (5) Partial Hospitalization, (6) Community Residence Programs, (7) Family-Based Treatment Programs, (8) Services for Children with Serious Emotional Disturbance, (9) Methadone Maintenance Treatment Program, (10) Medically Supervised Ambulatory Substance Abuse Program, (11) Outpatient Alcoholism Rehabilitation, and (12) Welfare Reform Mandated Alcohol and Substance Abuse Services.

State mental health authority funding is excluded from managed care. For these programs, the OMH operates 28 psychiatric centers that provide inpatient and outpatient treatment to mental health consumers, and contracts with 58 county Mental Health Departments for mental health services. OMH provides State aid grants, subject to annual appropriation, to counties for approved net operating costs for mental health services. Counties may provide these services directly or through contracts with voluntary agencies. County mental health systems and State-operated psychiatric centers provide inpatient and outpatient, residential, rehabilitation, crisis, emergency, pharmacy, transportation, consumer-run, and mental health support services.

New York

Data as of July 1999

BASIC MENTAL HEALTH PLAN

Administration and Financing

Date of Implementation	10/01/1997		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Implemented	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: State-only funds		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:																				
Primary Contractors	<table><tr><td>Public <input checked="" type="checkbox"/></td><td>Private <input type="checkbox"/></td><td>Partnership <input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> County/Local Government</td><td><input type="checkbox"/> HMO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Center</td><td><input type="checkbox"/> BHMCO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>			Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>																			
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO																				
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO																				
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																				
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																				
Primary Contractor Payments	<table><tr><td><input checked="" type="checkbox"/> Full capitation</td><td><input type="checkbox"/> Partial capitation</td><td><input type="checkbox"/> Global budget</td></tr><tr><td><input type="checkbox"/> Fixed fees</td><td><input type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>			<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget																			
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																			

New York

Data as of July 1999

BASIC MENTAL HEALTH PLAN

Providers

Provider Payment(s)*

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*****

Total Enrolled:*

Medicaid

Population

☒ TANF*****

☒ SSI*****

☐ Dually Eligible

☐ Medically Needy

☒ Expanded Women and Child*****

☐ SOBRA*****

☐ Foster Care*****

Voluntary Mandatory

☒

☒

☒

☒

☐

☐

☐

☐

☒

☒

Non-Medicaid

Population

☒ General Assistance*****

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria*****

Voluntary Mandatory

☒

☒

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

***** This program also provides services to the Home Relief population.

***** Both mandatory and voluntary populations are marked because different requirements apply in different areas of the state

New York

Data as of July 1999

ADULT SPECIAL NEEDS PLAN

Administration and Financing

Date of Implementation	07/01/2000		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Approved			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input checked="" type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> ASO	
<input type="checkbox"/> Other:			
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors***			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

New York

Data as of July 1999

ADULT SPECIAL NEEDS PLAN

Providers

Provider Payment(s)***

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*****

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA*****

☐ Foster Care*****

Voluntary Mandatory

☒

☒

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria*****

Voluntary Mandatory

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

***** This program also provides services to the Home Relief population.

New York

Data as of July 1999

CHILDREN'S SPECIAL NEEDS PLAN

Administration and Financing

Date of Implementation***

Waiver Type

☒ 1115 Waiver

☐ 1915(b) Waiver

☐ Non-Waiver

Status of Program: Approved

Geographic Coverage

☐ Statewide Implementation

☒ Substate Implementation

Program Type

☒ Medicaid Program

☐ Non-Medicaid Program

Program Approach

☐ Integrated

☐ Carve-out

☒ Partial Carve-out

Contract Type

☒ Full Service

☐ ASO

☐ Other:

Program Funding

☒ Medicaid

☐ State Mental Health

☐ State Substance Abuse

☐ MH Block Grant

☐ SA Block Grant

☐ County

☐ Child Welfare

☐ Corrections

☐ Other:

Purchasers and Contractors

Purchaser

☒ Medicaid

☒ State MH Authority

☐ State SA Authority

☐ Other:

Primary Contractors***

Public ☐

Private ☐

Partnership ☐

☐ County/Local Government

☐ HMO

☐ Community Mental Health Center

☐ BHMCO

☐ Community Mental Health Board

☐ Private Community SA Providers

☐ Public Community SA Providers

☐ Other Provider

☐ Other:

☐ Other:

Primary Contractor Payments

☒ Full capitation

☐ Partial capitation

☐ Global budget

☐ Fixed fees

☐ Fee-for-service

☐ Other:

New York

Data as of July 1999

CHILDREN'S SPECIAL NEEDS PLAN

Providers

Provider Payment(s)

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*****

Total Enrolled:**

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA***** | | |
| <input type="checkbox"/> Foster Care***** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria***** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

*****This program also provides services to the Home Relief population.

New York

Data as of July 1999

PREPAID MENTAL HEALTH PLAN (PMHP)

Administration and Financing

Date of Implementation	04/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: General Revenues		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other: State providers	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

New York

Data as of July 1999

PREPAID MENTAL HEALTH PLAN (PMHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 9,500

Medicaid

Population

- ☒ TANF
- ☒ SSI
- ☒ Dually Eligible
- ☐ Medically Needy
- ☐ Expanded Women and Child
- ☐ SOBRA****
- ☐ Foster Care****

Voluntary Mandatory

- | | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Non-Medicaid

Population

- ☐ General Assistance
- ☐ Uninsured
- ☐ Underinsured
- ☐ Clinical Criteria****

Voluntary Mandatory

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Services

Mental Health Services

- | | |
|--|--|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input checked="" type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

New York

Data as of July 1999

COUNTY DEMONSTRATION FOR MANAGED ADDICTION TREATMENT SERVICES

Administration and Financing

Date of Implementation	10/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input type="checkbox"/> Medicaid Program	<input checked="" type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service	<input type="checkbox"/> ASO	
<input checked="" type="checkbox"/> Other: Managed fee-for-service			
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input checked="" type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: General Revenue			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

New York

Data as of July 1999

COUNTY DEMONSTRATION FOR MANAGED ADDICTION TREATMENT SERVICES

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☒

☐

☐

☐

☐

☐

☒

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

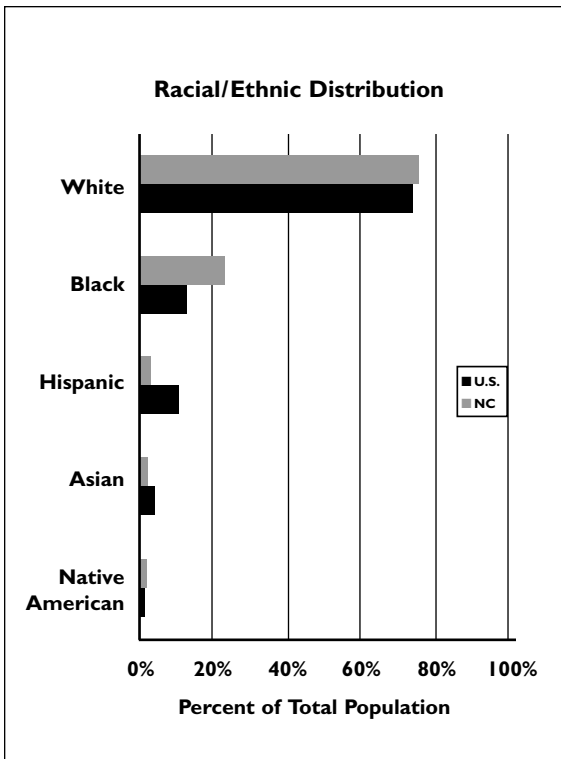
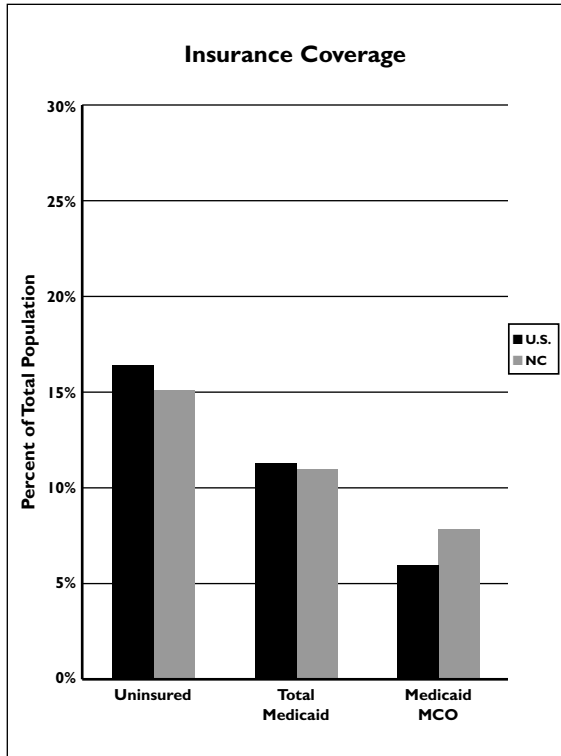
**** Data not collected on these population categories

***** This program also provides services to the Safety Net population.

North Carolina

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	North Carolina	United States	Rank in U.S.
Total Population:	7,425,000	267,636,000	11 of 51
Total Uninsured:	1,141,000	43,448,000	21 of 51
Total Medicaid:	815,359	30,009,674	25 of 51
Medicaid MCO:	559,035	15,760,205	17 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 21 of 51

Mental Health and Substance Abuse Expenditures

	North Carolina	United States	Rank in U.S.
Total SA Spending:	\$67,101,622	\$3,936,438,471	18 of 51
Total MH Spending:	\$457,137,946	\$16,134,317,777	11 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
North Carolina:	43,955	271,214	84,645
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	41 of 51	36 of 51	22 of 26

Racial and Ethnic Distribution

	North Carolina	United States	Rank in U.S.
White:	5,466,000	194,571,000	32 of 51
Black:	1,643,000	33,947,000	8 of 51
Hispanic:	129,000	26,763,000	34 of 51
Asian:	92,000	10,033,000	32 of 51
Native American:	95,000	2,322,000	14 of 51

*See appendix A for data sources

N/A—Data not available

North Carolina

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

North Carolina's Medicaid waiver to operate Carolina Alternatives, a specialty behavioral health program for children and adolescents, expired on March 1, 1999. The program is being transitioned to a fee-for-service system. State officials are in the early stages of developing a new behavioral health program for adults and children. The new program will attempt to combine the clinical strength of local programs with a statewide system of accountability.

Non-Managed Care

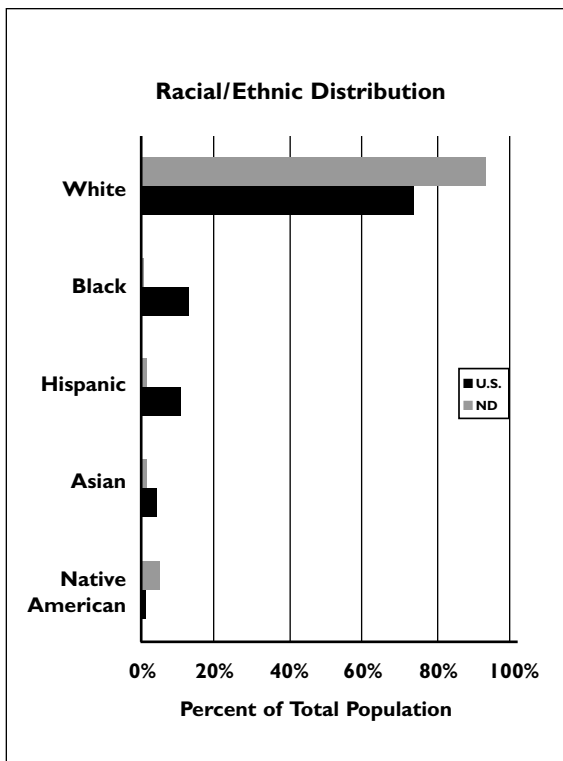
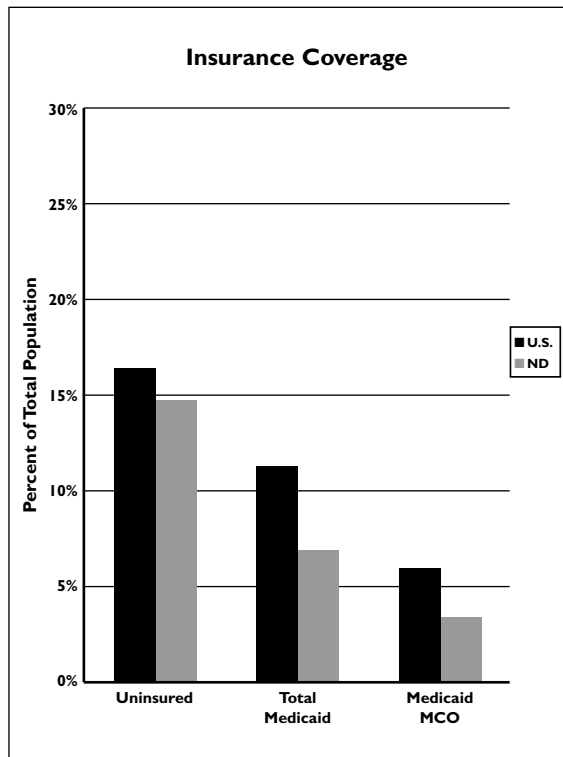
Medicaid mental health and substance abuse services remain in the fee-for-service system. Behavioral health services funded by the State mental health and substance abuse authorities are excluded from managed care. For these services, the Division of Mental Health/Developmental Disabilities/Substance Abuse Services contracts directly with 40 area Mental Health, Developmental Disabilities and Substance Abuse programs, as well as four psychiatric hospitals on a fee-for-service basis.

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North Dakota

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	North Dakota	United States	Rank in U.S.
Total Population:	641,000	267,636,000	47 of 51
Total Uninsured:	97,000	43,448,000	24 of 51
Total Medicaid:	42,490	30,009,674	46 of 51
Medicaid MCO:	22,045	15,760,205	39 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 34 of 51

Mental Health and Substance Abuse Expenditures

	North Dakota	United States	Rank in U.S.
Total SA Spending:	\$5,452,212	\$3,936,438,471	48 of 51
Total MH Spending:	\$30,159,403	\$16,134,317,777	50 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
North Dakota:	4,572	25,024	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	10 of 51	10 of 51	N/A

Racial and Ethnic Distribution

	North Dakota	United States	Rank in U.S.
White:	596,000	194,571,000	6 of 51
Black:	4,000	33,947,000	47 of 51
Hispanic:	6,000	26,763,000	43 of 51
Asian:	5,000	10,033,000	43 of 51
Native American:	30,000	2,322,000	7 of 51

*See appendix A for data sources

N/A—Data not available

North Dakota

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

North Dakota has a statewide Primary Care Case Management (PCCM) program, known as North Dakota Access and Care (NoDAC), for Temporary Assistance to Needy Families (TANF) and medically needy populations. Under NoDAC, the Medicaid agency contracts with a health maintenance organization (HMO) to deliver fully capitated services in Grand Forks County. The Mental Health Division of the Department of Human Services is also developing a capitated program to carve-out mental health services for children in three regions of North Dakota in the near future.

Non-Managed Care

With the exception of NoDAC, the majority of behavioral health services are excluded from man-

aged care arrangements. Medicaid mental health and substance abuse services remain under the traditional fee-for-service system, except in Grand Forks County. For services funded by the State mental health authority, DHS has eight regional Human Service Centers and one psychiatric facility to provide public sector mental health services. For substance abuse services funded by the State substance abuse authority, DHS has eight regional Human Service Centers and one inpatient chemical dependency unit at the psychiatric facility to deliver services. In addition, substance abuse prevention services are contracted through regional coordinators and with a variety of nonprofit providers throughout the State.



North Dakota

Data as of July 1999

NORTH DAKOTA ACCESS AND CARE (NODAC)

Administration and Financing

Date of Implementation	01/01/1994		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

North Dakota

Data as of July 1999

NORTH DAKOTA ACCESS AND CARE (NODAC)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 26,891

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

☐

☒

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

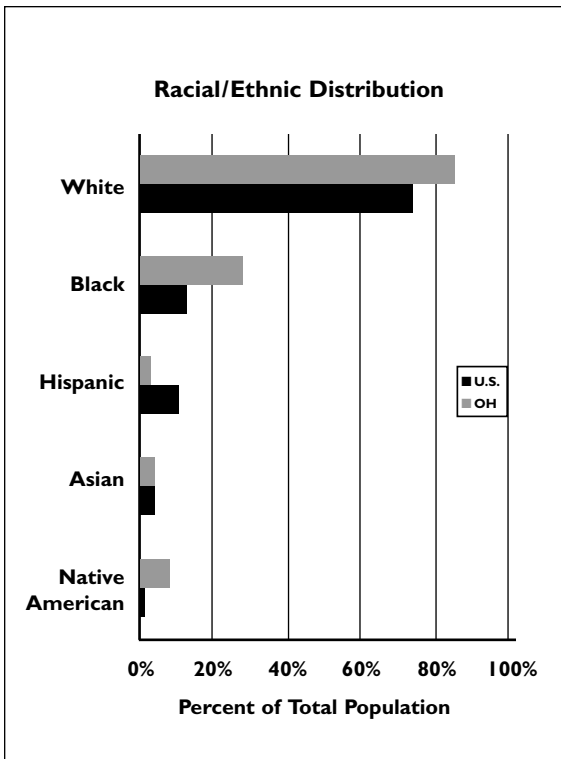
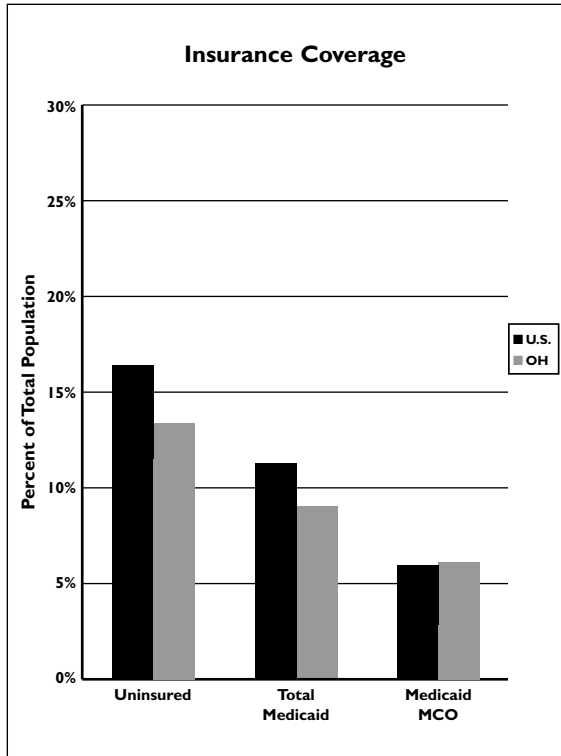
* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

STATE CHARACTERISTICS*



Insurance Coverage

	Ohio	United States	Rank in U.S.
Total Population:	11,186,000	267,636,000	7 of 51
Total Uninsured:	1,297,000	43,448,000	41 of 51
Total Medicaid:	1,032,405	30,009,674	32 of 51
Medicaid MCO:	292,819	15,760,205	41 of 51

Persons Below Poverty Level

Percent of Population: 13%

Rank in United States: 18 of 51

Mental Health and Substance Abuse Expenditures

	Ohio	United States	Rank in U.S.
Total SA Spending:	\$192,364,274	\$3,936,438,471	4 of 51
Total MH Spending:	\$579,484,321	\$16,134,317,777	8 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Ohio:	72,561	434,558	168,909
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	22 of 51	12 of 51	6 of 51

Racial and Ethnic Distribution

	Ohio	United States	Rank in U.S.
White:	9,610,000	194,571,000	22 of 51
Black:	1,278,000	33,947,000	19 of 51
Hispanic:	153,000	26,763,000	39 of 51
Asian:	123,000	10,033,000	35 of 51
Native American:	22,000	2,322,000	47 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Although Ohio continues to work on developing a separate managed care program for mental health and substance abuse services, the state currently operates two Medicaid managed care programs for physical health that include behavioral health services. Under an 1115 waiver, OhioCare serves as an integrated health maintenance organization (HMO) program operating in 16 of 88 counties. The Ohio Department of Human Services (ODHS) contracts with 11 HMOs on a fully capitated basis. The second Medicaid managed care program is a utilization review program for inpatient psychiatric admissions (URIP).

Under OhioCare, HMOs may provide services by subcontracting with providers or a behavioral health managed care organization and are responsible for reimbursement to these entities. A portion of the capitation the HMOs receive from the State is for the provision of specific behavioral health services, such as inpatient care and psychotropic pharmaceuticals. HMOs may also create arrangements with mental health or substance abuse boards located in the counties to provide covered services to their enrollees. Behavioral health providers who contract with the boards receive reimbursement for services from the boards, which in turn receive funding from local levies and State departments of mental health and alcohol and substance abuse dollars. HMOs are not responsible for any reimbursement of board-provided services, with the exception of medications that might be prescribed by providers. These providers also furnish services to fee-for-service Medicaid recipients.

Non-Managed Care

For mental health services not included under managed care programs, the Ohio Department of Mental Health (ODMH) funds, reviews, and monitors community mental health programs through Alcohol, Drug Abuse, and Mental Health Services (ADAMHS) and 50 Community Mental Health Boards (CMHBs), which are responsible for leadership, development, and oversight in the locally based system of care. In this capacity, they contract with service providers to offer mental health services to the eligible population. The State provides each county with a budget allocation that is matched by county level dollars. These boards contract with more than 400 nonprofit Community Mental Health Agencies. ODMH operates seven psychiatric hospitals (some of which include multiple locations), which provide inpatient mental health services.

Substance abuse services funded by Ohio's Department of Alcohol and Drug Addiction Services (ODADAS) are not included under managed care programs. For these programs, the ODADAS allocates federal and State funds to boards proportionate to the prevalence of alcohol and other drug problems and to the need for alcohol and other drug treatment and prevention services. The community system is composed of 50 community Alcohol and Drug Addiction Services and Alcohol, Drug Addiction and Mental Health Services (ADAS/ADAMHS) boards and 269 local providers encompassing 606 treatment service sites.



OHIO CARE

Administration and Financing

Date of Implementation	07/01/1996		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
	Status of Program: Implemented		
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
	<input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Ohio

Data as of July 1999

OHIO CARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 244,888

Medicaid

Population

☒ TANF****

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

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☐

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Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

***** Both mandatory and voluntary populations are marked because different requirements apply in different areas of the state

URIP

Administration and Financing

Date of Implementation	10/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> Other: <input checked="" type="checkbox"/> ASO		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Other: Behavioral Health Utilization Management Firm	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	
<input checked="" type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	
		<input type="checkbox"/> Global budget	
		<input type="checkbox"/> Other:	

Ohio

Data as of July 1999

URIP

Providers

Provider Payment(s)**

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

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☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

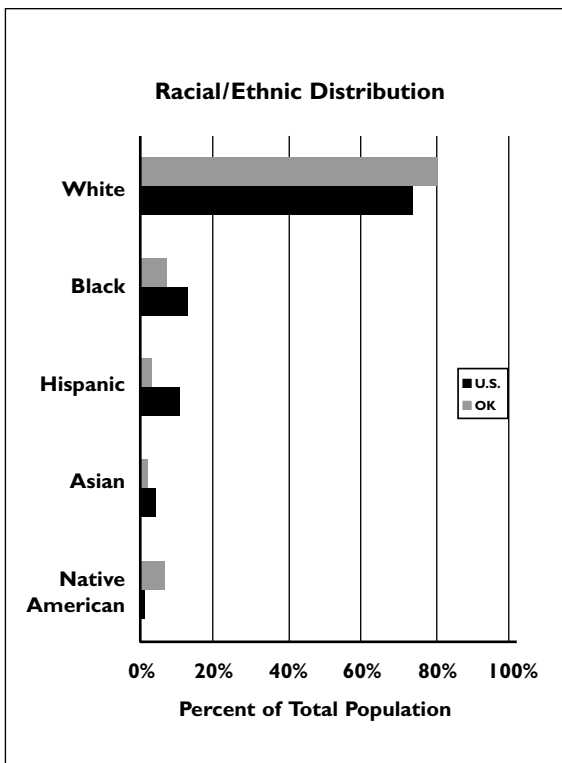
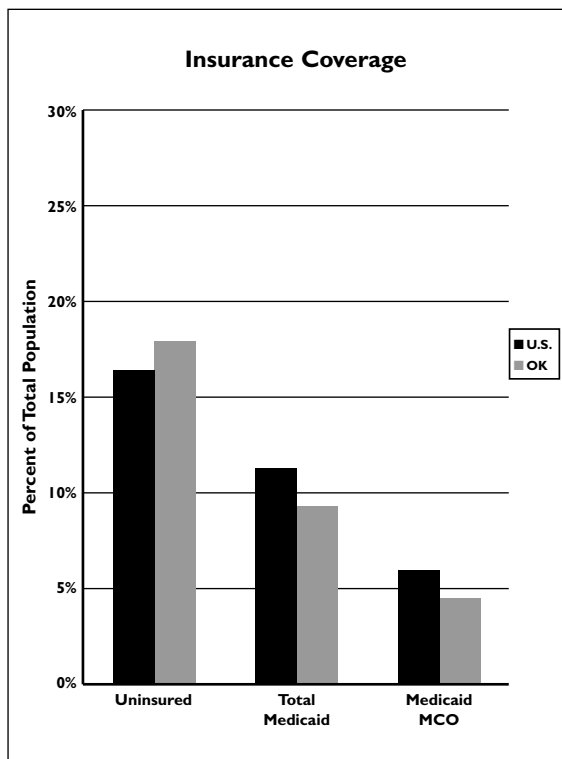
*** To be determined

**** Data not collected on these population categories

Oklahoma

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Oklahoma	United States	Rank in U.S.
Total Population:	3,317,000	267,636,000	27 of 51
Total Uninsured:	593,000	43,448,000	14 of 51
Total Medicaid:	310,494	30,009,674	31 of 51
Medicaid MCO:	154,270	15,760,205	34 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 11 of 51

Mental Health and Substance Abuse Expenditures

	Oklahoma	United States	Rank in U.S.
Total SA Spending:	\$25,708,898	\$3,936,438,471	29 of 51
Total MH Spending:	\$133,515,680	\$16,134,317,777	31 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Oklahoma:	22,875	124,663	77,950
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	12 of 51	24 of 51	1 of 26

Racial and Ethnic Distribution

	Oklahoma	United States	Rank in U.S.
White:	2,655,000	194,571,000	29 of 51
Black:	257,000	33,947,000	24 of 51
Hispanic:	102,000	26,763,000	25 of 51
Asian:	43,000	10,033,000	29 of 51
Native American:	260,000	2,322,000	4 of 51

*See appendix A for data sources

N/A—Data not available

Oklahoma

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Oklahoma's existing Medicaid waiver program, titled SoonerCare, encompasses two distinct managed care initiatives: SoonerCare Plus and SoonerCare Choice.

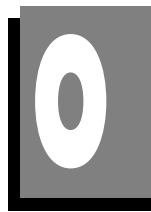
Eligibility for these programs is contingent upon both Medicaid eligibility and geographic area of residence. SoonerCare Plus is a fully capitated health care model implemented in three of the most populous areas of the State. SoonerCare Plus includes behavioral health services for the Temporary Assistance to Needy Families (TANF) and Aged, Blind, and Disabled (ABD) populations. An enhanced benefit package is provided to individuals classified as aged, blind, disabled, and individuals identified by the OHCA to have special behavioral health needs (SBHN). Behavioral health services under SoonerCare Plus are provided by contracted health maintenance organizations (HMOs). The OHCA currently contracts with four HMOs for the SoonerCare Plus program. Three of the four HMOs subcontract, at least partially, behavioral care management to separate entities. The OHCA requires that the HMOs offer provider contracts to the essential community providers, including the 18 State certified Community Mental Health Centers (CMHCs). Under SoonerCare Plus, HMOs are at risk and are fully capitated.

The second component, SoonerCare Choice, is a Primary Care Case Management program

(PCCM) implemented in the areas of the State not covered by SoonerCare Plus. SoonerCare Choice is a partially capitated health care model in which behavioral health services are not capitated. Behavioral health services under this program remain in the fee-for-service system and are accessed through the fee-for-service Medicaid program.

Non-Managed Care

Except in the three regions where SoonerCare Plus operates, Medicaid mental health and substance abuse services remain in the traditional fee-for-service system. Fee-for-service Medicaid contracts are direct contracts between providers and the OHCA. These providers are reimbursed on a fee-for-service schedule with rates set and approved by the State. For mental health services funded by the State mental health authority and excluded from managed care, OHCA contracts with 18 CMHCs and three psychiatric facilities. For substance abuse services funded by the State substance abuse authority and excluded from managed care, the Department of Mental Health and Substance Abuse Services (DMHSAS) purchases services under several types of arrangements. DMHSAS funds substance abuse services through contractual arrangements with 40 providers. DMHSAS also directly operates two alcohol and drug treatment centers.



Oklahoma

Data as of July 1999

SOONERCARE

Administration and Financing

Date of Implementation	04/01/1996		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Oklahoma

Data as of July 1999

SOONERCARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 75,942

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☐

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☐

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Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

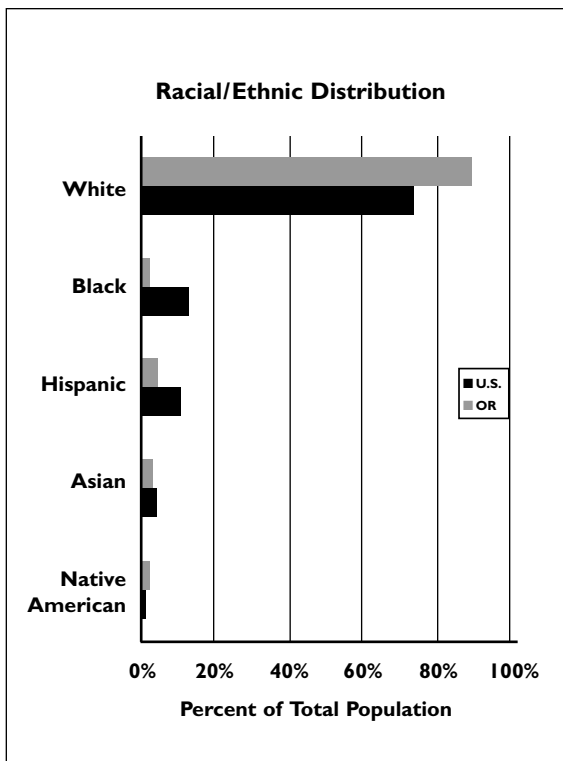
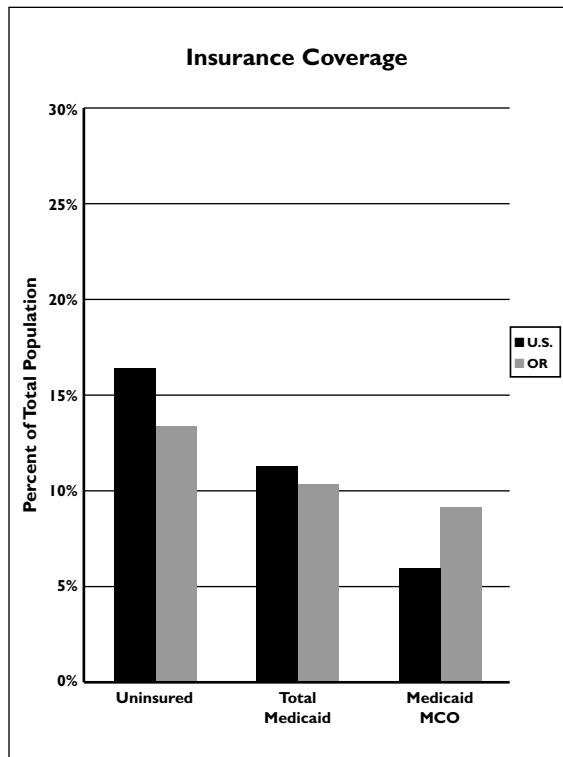
* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

STATE CHARACTERISTICS*



Insurance Coverage

	Oregon	United States	Rank in U.S.
Total Population:	3,243,000	267,636,000	29 of 51
Total Uninsured:	440,000	43,448,000	29 of 51
Total Medicaid:	338,178	30,009,674	27 of 51
Medicaid MCO:	299,826	15,760,205	6 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 28 of 51

Mental Health and Substance Abuse Expenditures

	Oregon	United States	Rank in U.S.
Total SA Spending:	\$81,440,523	\$3,936,438,471	13 of 51
Total MH Spending:	\$220,703,855	\$16,134,317,777	23 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Oregon:	20,577	114,382	48,969
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	29 of 51	41 of 51	7 of 26

Racial and Ethnic Distribution

	Oregon	United States	Rank in U.S.
White:	2,866,000	194,571,000	17 of 51
Black:	58,000	33,947,000	42 of 51
Hispanic:	174,000	26,763,000	17 of 51
Asian:	101,000	10,033,000	12 of 51
Native American:	44,000	2,322,000	12 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Oregon's Statewide Medicaid managed care program, the Oregon Health Plan (OHP), includes coverage for mental health and substance abuse services for both Medicaid and non-Medicaid populations. All substance abuse services are fully integrated with physical health, and depending on the area of the State, mental health services are either integrated or provided through a specialty carve-out. In addition, Medicaid implemented the Intensive Mental Health Treatment Services Program on May 1, 1999, which operates in 10 demonstration counties in the State. Under this fully capitated program, two county agencies contract with public and private providers to deliver mental health residential and outpatient services to children with serious emotional disturbances.

OHP mental health services are provided under a hybrid model by contracting with mental health organizations (MHOs), which include integrated health maintenance organizations (HMOs) and carve-out specialty behavioral health plans. The following provides a specific breakdown of the types of entities currently contracting with the State in behavioral health managed care arrangements: (1) three of the contracts are with local mental health authorities, (2) two of the contracts are with private MHOs, one of which is a consortium of 17 rural Oregon counties (local mental health authorities continue to provide the mental health services for their counties), (3) three of the contracts are with

regional county mental health consortiums, and (4) five of the contracts are with fully capitated health plans that provide mental health benefits for their physical health plan enrollees in selected counties. The Mental Health Division contracts with 13 organizations statewide.

Substance abuse services are fully integrated into the OHP as Medicaid contracts with Fully Capitated Health Plans (FCHPs) and physician care organizations (PCOs) to provide physical health and substance abuse services, including outpatient and opiate/methodone treatment. FCHPs include HMOs and other provider network organizations. PCOs are multipractitioner prepaid health plans that deliver health care services. In preferred provider organization (PPO) model, OHP is financed through Medicaid and State general funds.

Non-Managed Care

Several programs funded by the State Mental Health Authority are excluded from managed care arrangements. For these services, the Office of Mental Health Services contracts with two State psychiatric facilities (Oregon State Hospital and Eastern Oregon Psychiatric Center), 32 Community Mental Health Centers (CMHCs), and one confederation of tribes. Programs funded by the State Substance Abuse Authority are also excluded from managed care arrangements and provided under several types of contractual arrangements with public and private providers.

Oregon

Data as of July 1999

OREGON HEALTH PLAN (OHP)

Administration and Financing

Date of Implementation	02/01/1994		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Implemented	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: General Revenue		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
Primary Contractors			
Public <input checked="" type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input checked="" type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Oregon

Data as of July 1999

OREGON HEALTH PLAN (OHP)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 312,250

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☒ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

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☐

☐

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☐ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Oregon

Data as of July 1999

INTENSIVE TREATMENT SERVICES (ITS)

Administration and Financing

Date of Implementation	05/01/1999		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Implemented	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other: <input type="checkbox"/> ASO		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:																				
Primary Contractors	<table><tr><td>Public <input checked="" type="checkbox"/></td><td>Private <input type="checkbox"/></td><td>Partnership <input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> County/Local Government</td><td><input type="checkbox"/> HMO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Center</td><td><input type="checkbox"/> BHMCO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>			Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>																			
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO																				
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO																				
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																				
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																				
Primary Contractor Payments	<table><tr><td><input checked="" type="checkbox"/> Full capitation</td><td><input type="checkbox"/> Partial capitation</td><td><input type="checkbox"/> Global budget</td></tr><tr><td><input type="checkbox"/> Fixed fees</td><td><input type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>			<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget																			
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																			

Oregon

Data as of July 1999

INTENSIVE TREATMENT SERVICES (ITS)

Providers

Provider Payment(s)

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations*

Total Enrolled: 20

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

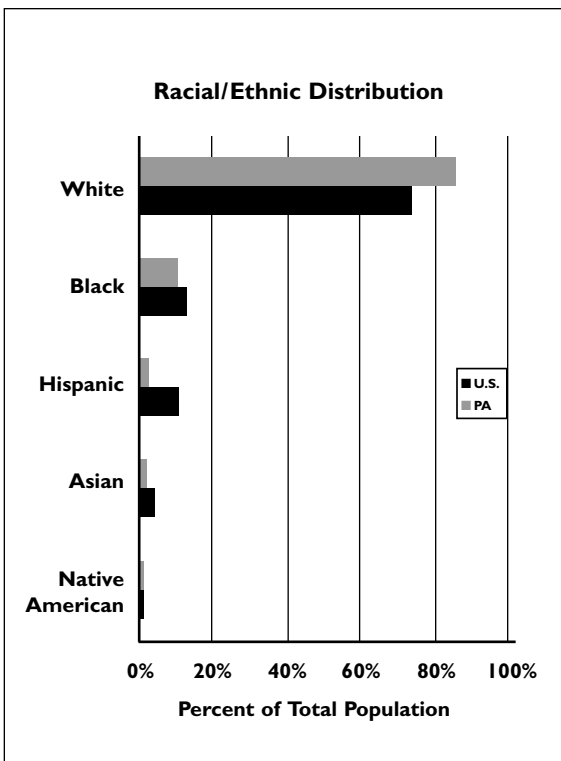
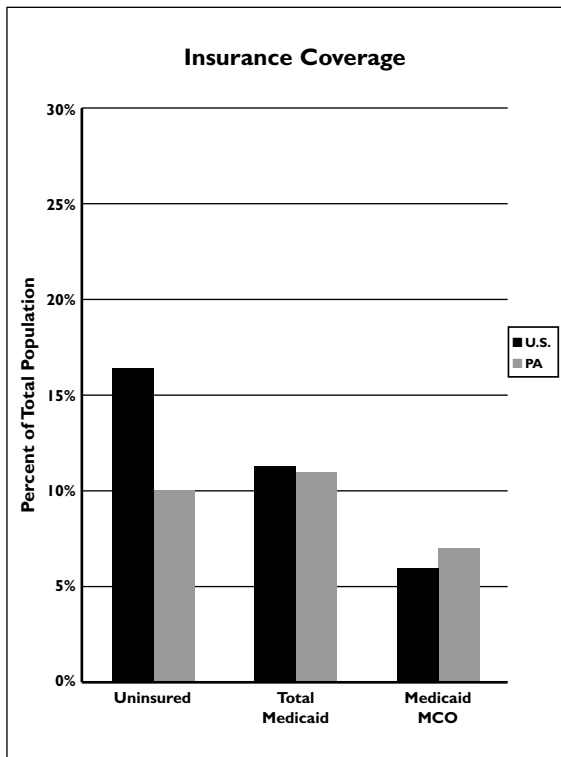
*** To be determined

**** Data not collected on these population categories

Pennsylvania

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Pennsylvania	United States	Rank in U.S.
Total Population:	12,020,000	267,636,000	5 of 51
Total Uninsured:	1,209,000	43,448,000	46 of 51
Total Medicaid:	1,325,212	30,009,674	23 of 51
Medicaid MCO:	904,701	15,760,205	18 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 30 of 51

Mental Health and Substance Abuse Expenditures

	Pennsylvania	United States	Rank in U.S.
Total SA Spending:	\$120,440,334	\$3,936,438,471	8 of 51
Total MH Spending:	\$812,800,545	\$16,134,317,777	4 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Pennsylvania:	73,137	490,689	150,250
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	37 of 51	6 of 51	15 of 26

Racial and Ethnic Distribution

	Pennsylvania	United States	Rank in U.S.
White:	10,394,000	194,571,000	20 of 51
Black:	1,164,000	33,947,000	21 of 51
Hispanic:	254,000	26,763,000	33 of 51
Asian:	191,000	10,033,000	25 of 51
Native American:	17,000	2,322,000	50 of 51

*See appendix A for data sources

N/A—Data not available

Pennsylvania

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

The HealthChoices program features a physical health component operated by health maintenance organizations (HMOs) and a separate behavioral health program (HealthChoices Behavioral Health Services/HCBHS) operated by counties. In 1999, Pennsylvania added a second region to the expansion of its mandatory Medicaid managed care program. A voluntary HMO program operates in some areas of the State where HealthChoices has not yet been implemented.

HCBHS is a stand-alone program administered by the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) offering a wide range of mental health and drug and alcohol services to all categories of assistance, including Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) populations. The program currently operates in the southeast and southwest regions of the State. In the southeast region, which has 35 percent of the State's medical assistance population, the State Office of Mental Health and Substance Abuse Services (OMHSAS) contracts with five counties on a full-risk basis. All but one of these counties (Philadelphia) subcontracts with a private sector behavioral health managed care organization (BHMCO). Risk is transferred to the BHMCOs. Philadelphia has formed its own behavioral health managed care nonprofit organization to manage care.

For the 10 counties in the southwest region—which has 22 percent of the State's medical assistance population—OMHSAS contracts with nine counties under the following models: One county is subcontracting with a BHMCO that was formed by a consortium of mental health and substance abuse providers, and eight counties subcontract with the same for-profit BHMCO. Of the nine southwest counties, two counties retain full risk; risk is passed down to subcontractors in the other seven counties.

OMHSAS is contracting directly with a private, for-profit BHMCO in the one southwest county that did not submit a bid. Federal/State and county Medicaid and State general revenue funds finance HCBHS. Effective July 1, 1999, the HCBHS Management Information System started using the HCBHS and the county mental health based programs.

In some areas of the State where HCBHS is not yet available, Medicaid clients may voluntarily enroll in HMOs; however, behavioral health services in the voluntary HMOs are included only in three county areas. This program, known as Voluntary HMO Contracts, along with the fee-for-service system, will gradually be replaced with HealthChoices, as it is phased in statewide. Under the Voluntary HMO Contracts, the Medicaid agency contracts with six for-profit and nonprofit HMOs, and, with the exception of one, all of the HMOs subcontract their behavioral health services. The program is funded through Medicaid dollars only.

Non-Managed Care

For Medical Assistance recipients not enrolled in a managed care program, a wide range of mental health and substance abuse services are made available under the fee-for-service program. These services are augmented by county-based services. For services funded by the State mental health authority and not included under managed care programs, The OMHSAS funds 45 county mental health programs in 67 counties and directly administers eight State hospitals to deliver services to individuals in need of behavioral health services, including those eligible for mental health who are eligible for Medicaid.

For substance abuse services funded by the State substance abuse authority not included under managed care programs, the Department of Health, Bureau of Drug and Alcohol Programs (BDAP) provides purchased services under several types of



Pennsylvania

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

arrangements. These include direct contracts with services providers, master contracts with county or municipal entities who in turn contract with community-based organizations, direct State services operations, and direct county services operations. In

most instances, counties purchase services through contracts with providers. Services include a broad range of treatment, rehabilitation, and residential programs, plus housing and vocational supports.

Pennsylvania

Data as of July 1999

HEALTHCHOICES BEHAVIORAL HEALTH SERVICES (HCBHS)

Administration and Financing

Date of Implementation	02/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> SA Block Grant <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> County	<input type="checkbox"/> State Substance Abuse <input checked="" type="checkbox"/> Child Welfare <input type="checkbox"/> MH Block Grant <input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	Counties and BHMCO	
<input type="checkbox"/> Community Mental Health Center	<input checked="" type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Pennsylvania

Data as of July 1999

HEALTHCHOICES BEHAVIORAL HEALTH SERVICES (HCBHS)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 723,428

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☒ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

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☐*

☐*

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☒

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other: EPSDT

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Pennsylvania

Data as of July 1999

VOLUNTARY HMO CONTRACTS

Administration and Financing

Date of Implementation	01/01/1972		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service	<input type="checkbox"/> ASO	
<input type="checkbox"/> Other:			
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input type="checkbox"/> Other:			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Pennsylvania

Data as of July 1999

VOLUNTARY HMO CONTRACTS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 119,952

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☒

☐

☒

☐

☒

☐

☒

☐

☐

☐

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☒

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

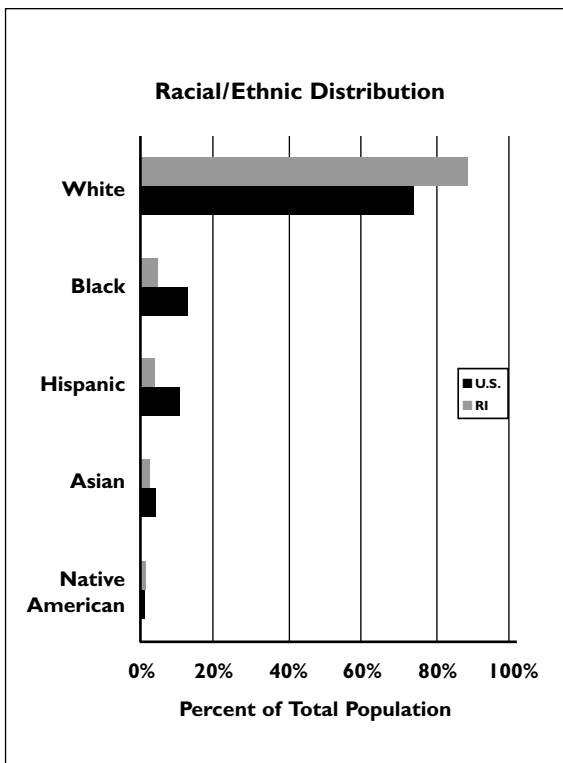
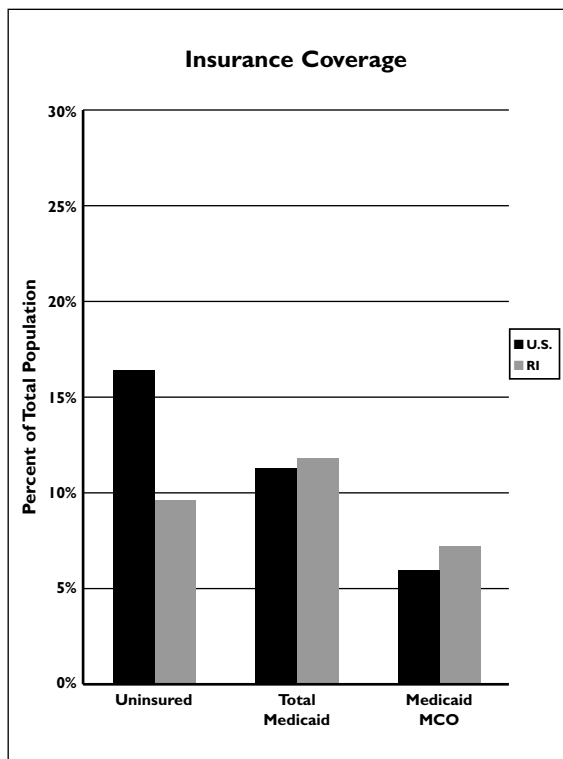
*** To be determined

**** Data not collected on these population categories

Rhode Island

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Rhode Island	United States	Rank in U.S.
Total Population:	987,000	267,636,000	43 of 51
Total Uninsured:	96,000	43,448,000	47 of 51
Total Medicaid:	117,800	30,009,674	15 of 51
Medicaid MCO:	74,446	15,760,205	16 of 51

Persons Below Poverty Level

Percent of Population: 11%

Rank in United States: 34 of 51

Mental Health and Substance Abuse Expenditures

	Rhode Island	United States	Rank in U.S.
Total SA Spending:	\$22,835,562	\$3,936,438,471	33 of 51
Total MH Spending:	\$61,960,375	\$16,134,317,777	41 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Rhode Island:	5,759	42,000	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	44 of 51	2 of 51	N/A

Racial and Ethnic Distribution

	Rhode Island	United States	Rank in U.S.
White:	864,000	194,571,000	18 of 51
Black:	47,000	33,947,000	31 of 51
Hispanic:	49,000	26,763,000	18 of 51
Asian:	22,000	10,033,000	19 of 51
Native American:	5,000	2,322,000	24 of 51

*See appendix A for data sources

N/A—Data not available

Rhode Island

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Rhode Island operates one managed care program (RlTeCare) that affects behavioral health, and is incrementally operationalizing managed care principles into non-Medicaid programs funded by the State mental health authority.

RlTeCare is a physical health managed care program for Temporary Assistance to Needy Families and Children's Health Insurance Programs (CHIP) populations. This program aims to improve health services for low-income women and children through expanded Medicaid eligibility and increased access to physical health services as well as mental health and substance abuse services. Seriously mentally ill (SMI) and seriously emotionally disturbed (SED) individuals are excluded from plan services and remain in the fee-for-service system. The Department of Human Service's Office of Managed Care contracts with four private, for-profit health maintenance organizations (HMOs) on a capitated basis. Three of the HMOs subcontract for mental health and substance abuse services to behavioral health managed care organizations. The source of funds is Medicaid, as well as Title XXI (CHIP).

Managed care technologies are currently being implemented in State-funded programs for disabled individuals not included in the RlTeCare program. The Department of Mental Health is working on the following: (1) use of the Rhode Island Outcome Evaluation Instrument (OEI) at all provider agencies statewide (one year of data analysis has been completed; the OEI provides baseline data to measure results of future efforts); (2) addition of Assertive

Community Treatment as a Medicaid reimbursable service; and (3) development of a physical health care coordination benefit to cover integration of physical health into a mental health treatment benefit.

In addition, for non-Medicaid detoxification services, the Department of Mental Health, Retardation, and Hospitals (DMHRH), using block grant and State alcohol and drugs funds, contracts with one not-for-profit provider to manage services. The provider subcontracts ambulatory methadone detoxification and residential adolescent detoxification, to other in-State, licensed programs. While the detoxification service is not a managed care program per se, the service provider is at risk to serve the defined population of Rhode Island residents who are uninsured, below 200 percent of the Federal poverty level and who are in need of detoxification services. The contract is based on a global budget.

Non-Managed Care

DMHRH provides inpatient and community care directly or through contracts with 36 private, non-profit hospitals, programs, and agencies. DMHRH both owns and operates or licenses 382 facilities throughout the State. Two State inpatient psychiatric facilities are under the auspices of the DMHRH. Substance abuse services funded by Rhode Island's Substance Abuse Authority are not included under managed care programs. For these programs, the Substance Abuse Authority purchases services under direct contracts with service providers.

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Rhode Island

Data as of July 1999

RITECARE

Administration and Financing

Date of Implementation	08/01/1994		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: Title XXI		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Rhode Island

Data as of July 1999

RITECARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 85,234

Medicaid

Population

☒ TANF

☐ SSI

☐ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐ ☒

☐ ☐

☐ ☐

☐ ☒

☐ ☐

Non-Medicaid

Population

☐ General Assistance

☒ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐ ☐

☐ ☒

☐ ☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☒ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

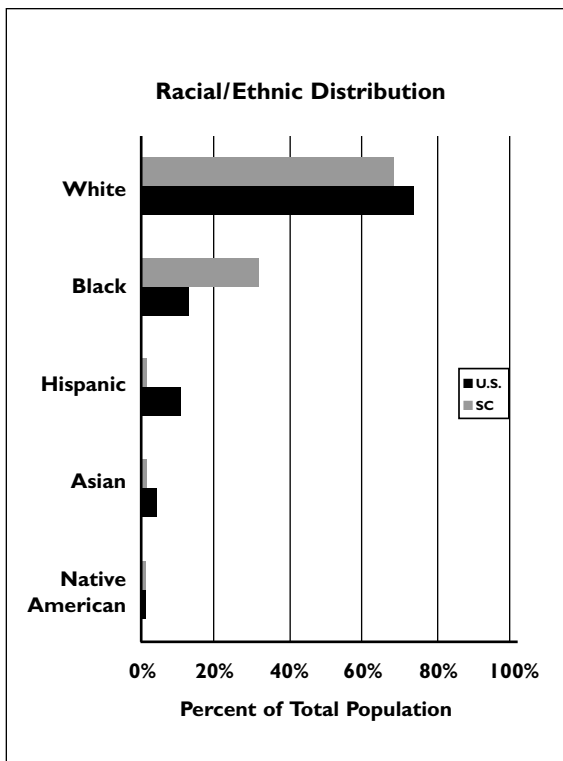
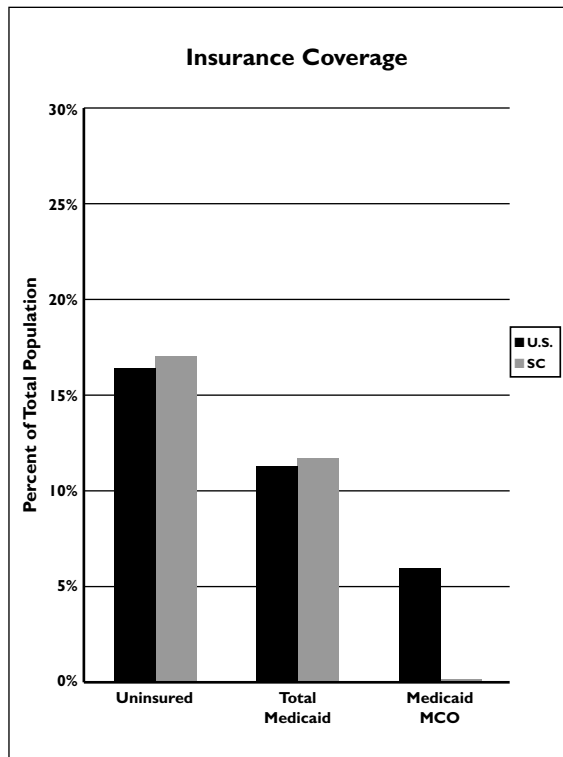
*** To be determined

**** Data not collected on these population categories

South Carolina

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	South Carolina	United States	Rank in U.S.
Total Population:	3,760,000	267,636,000	26 of 51
Total Uninsured:	640,000	43,448,000	16 of 51
Total Medicaid:	442,994	30,009,674	19 of 51
Medicaid MCO:	15,823	15,760,205	49 of 51

Persons Below Poverty Level

Percent of Population: 13%

Rank in United States: 17 of 51

Mental Health and Substance Abuse Expenditures

	South Carolina	United States	Rank in U.S.
Total SA Spending:	\$34,748,791	\$3,936,438,471	24 of 51
Total MH Spending:	\$237,813,961	\$16,134,317,777	20 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
South Carolina:	23,544	138,591	40,608
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	34 of 51	33 of 51	24 of 26

Racial and Ethnic Distribution

	South Carolina	United States	Rank in U.S.
White:	2,550,000	194,571,000	41 of 51
Black:	1,130,000	33,947,000	4 of 51
Hispanic:	39,000	26,763,000	42 of 51
Asian:	32,000	10,033,000	40 of 51
Native American:	9,000	2,322,000	41 of 51

*See appendix A for data sources

N/A—Data not available

South Carolina

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

South Carolina operates a physical health managed care program with behavioral health benefits, the Health Maintenance Organization (HMO) Program, and one prior authorization program for Medicaid substance abuse services.

The integrated Medicaid Voluntary HMO Program, which primarily provides physical health benefits, is used by 33 percent of the counties in the State to provide a full range of mental health and substance abuse services, including inpatient/outpatient services up to a \$1,000 maximum benefit per enrollee. Medicaid contracts with one for-profit, private HMO to provide services on a voluntary basis to enrolled Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), and Second Omnibus Budget Reconciliation Act (SOBRA) beneficiaries. The HMO contracts with a behavioral health managed care organization for the provision of behavioral health services.

The Managed Care Division of the Division of Alcohol and Other Drug Abuse Services (DAODAS) administers the statewide prior authorization program for Medicaid-sponsored substance abuse services under an administrative services only contract. The State DAODAS subcontracts with local county alcohol and other drug (AOD) commissions

to render prior authorized alcohol and drug treatment services including inpatient, prevention, and detoxification. Services are rendered based on criteria developed by the American Society of Addiction Medicine (ASAM).

Non-Managed Care

Mental health programs funded by the State mental health authority are not included in managed care. For these programs, the Department of Mental Health contracts with 17 community mental health centers and 6 psychiatric facilities to provide public mental health services.

Medicaid clients who are not HMO members receive substance abuse services through county AOD commissions. The DAODAS purchases services under several types of arrangements with private and public providers. DAODAS contracts with a network of 34 county commissions to provide substance abuse services and the commission's contract with community-based organizations to provide services. These services are prior authorized by the State DAODAS staff. Services are rendered based on ASAM criteria. The local county commissions are reimbursed on a fee-for-service basis. The State DAODAS office provides matching funds to the local county commissions.

South Carolina

Data as of July 1999

VOLUNTARY HMO PROGRAM

Administration and Financing

Date of Implementation	08/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

South Carolina

Data as of July 1999

VOLUNTARY HMO PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 1,486

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☒ Medically Needy

☒ Expanded Women and Child

☒ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☒

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☒

☐

☒

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other:

Intensive in-home treatment

Therapeutic child care

☒ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

South Carolina

Data as of July 1999

PRIOR AUTHORIZATION

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input checked="" type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other: County minibottle fund		

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input checked="" type="checkbox"/> Other: County commissions (34)		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

South Carolina

Data as of July 1999

PRIOR AUTHORIZATION

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☒ Medically Needy

☒ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☒

☐

☒

☐

☐

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☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other:

Therapeutic child care,

Intensive in-home treatment

☒ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

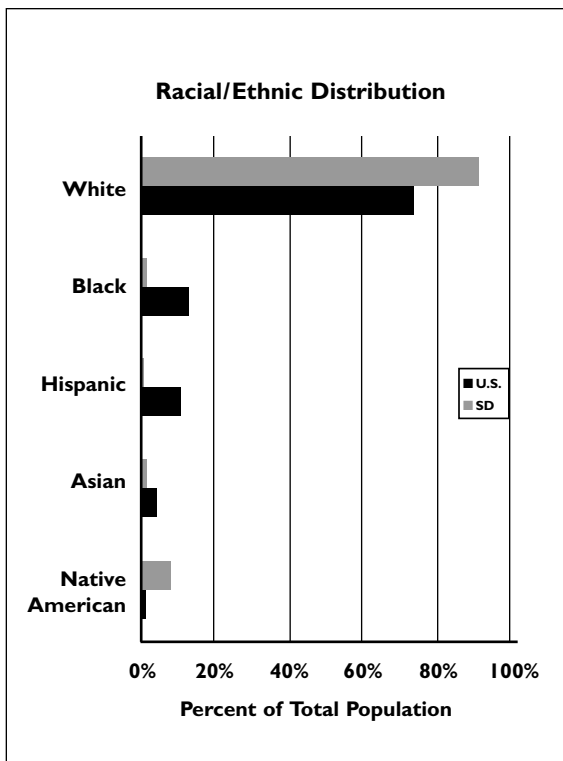
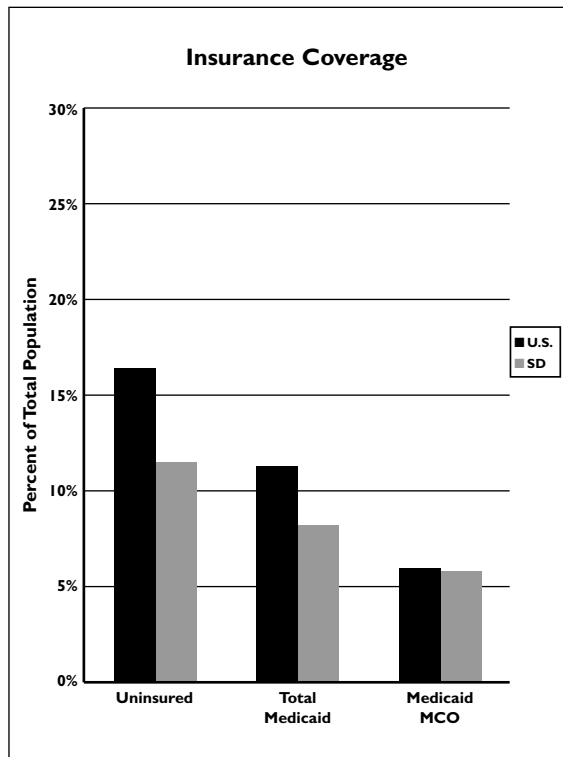
*** To be determined

**** Data not collected on these population categories

South Dakota

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	South Dakota	United States	Rank in U.S.
Total Population:	738,000	267,636,000	45 of 51
Total Uninsured:	84,000	43,448,000	44 of 51
Total Medicaid:	62,110	30,009,674	37 of 51
Medicaid MCO:	43,834	15,760,205	27 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 27 of 51

Mental Health and Substance Abuse Expenditures

	South Dakota	United States	Rank in U.S.
Total SA Spending:	\$8,070,037	\$3,936,438,471	46 of 51
Total MH Spending:	\$39,571,877	\$16,134,317,777	48 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
South Dakota:	5,443	26,867	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	5 of 51	37 of 51	N/A

Racial and Ethnic Distribution

	South Dakota	United States	Rank in U.S.
White:	664,000	194,571,000	13 of 51
Black:	5,000	33,947,000	46 of 51
Hispanic:	6,000	26,763,000	46 of 51
Asian:	5,000	10,033,000	46 of 51
Native American:	58,000	2,322,000	3 of 51

*See appendix A for data sources

N/A—Data not available

South Dakota

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

South Dakota operates one statewide Medicaid managed care program, the South Dakota Provider and Recipient in Medicaid Efficiency (PRIME) program. PRIME is a primary care case management program that requires referrals for inpatient and outpatient services (including physical health, mental health, and substance abuse) for Temporary Assistance to Needy Families (TANF) population. The Medicaid agency reimburses providers with a monthly per member per case management fee.

Non-Managed Care

Mental health services funded by the State Mental Health Authority are not under managed care programs. For these programs, the Division of Mental

Health contracts with 11 nonprofit community mental health centers (CMHC's) to provide services on a fee-for-service basis. The services are purchased with funds from block grants, state general funds, and Medicaid dollars. There are three psychiatric facilities to provide public mental health services.

Substance abuse services funded by the State substance abuse authority are not included under managed care. For these services, the Division of Alcohol and Drug Abuse purchases services directly from 50 nonprofit, private providers. The Division of Alcohol and Drug Abuse receives funds from the State, block grants, substance abuse block grants, and Medicaid funds.

South Dakota

Data as of July 1999

PROVIDER AND RECIPIENT IN MEDICAID EFFICIENCY (PRIME)

Administration and Financing

Date of Implementation	09/01/1993		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> ASO <input checked="" type="checkbox"/> Other: Primary Care Case Management		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: Physician		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other:	

South Dakota

Data as of July 1999

PROVIDER AND RECIPIENT IN MEDICAID EFFICIENCY (PRIME)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 47,552

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Rehabilitation

☐ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

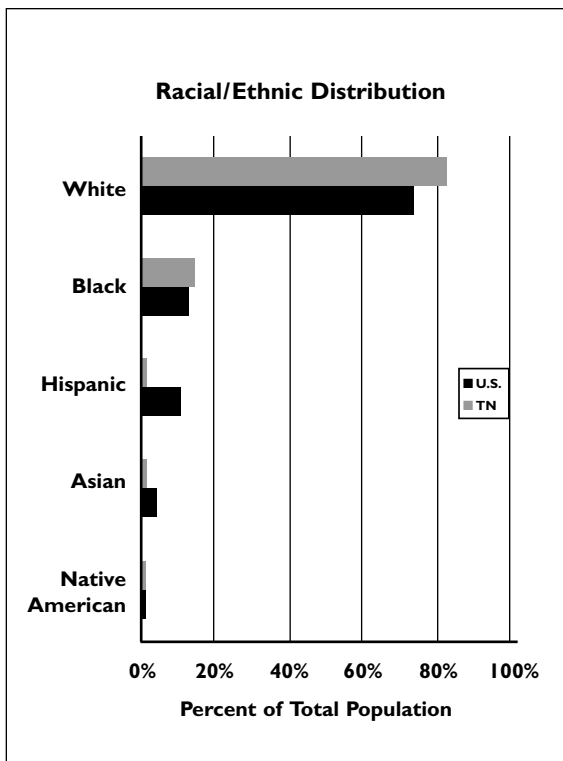
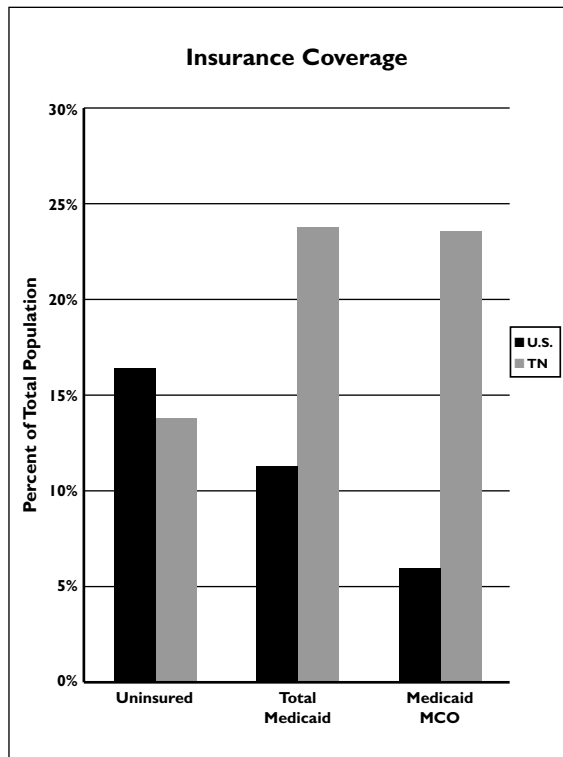
*** To be determined

**** Data not collected on these population categories

Tennessee

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Tennessee	United States	Rank in U.S.
Total Population:	5,368,000	267,636,000	17 of 51
Total Uninsured:	756,000	43,448,000	27 of 51
Total Medicaid:	1,268,769	30,009,674	1 of 51
Medicaid MCO:	1,268,769	15,760,205	1 of 51

Persons Below Poverty Level

Percent of Population: 16%

Rank in United States: 13 of 51

Mental Health and Substance Abuse Expenditures

	Tennessee	United States	Rank in U.S.
Total SA Spending:	\$28,812,283	\$3,936,438,471	26 of 51
Total MH Spending:	\$123,047,746	\$16,134,317,777	32 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Tennessee:	32,929	197,671	60,658
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	36 of 51	35 of 51	23 of 26

Racial and Ethnic Distribution

	Tennessee	United States	Rank in U.S.
White:	4,374,000	194,571,000	25 of 51
Black:	884,000	33,947,000	12 of 51
Hispanic:	49,000	26,763,000	44 of 51
Asian:	49,000	10,033,000	38 of 51
Native American:	12,000	2,322,000	46 of 51

*See appendix A for data sources

N/A—Data not available

Tennessee

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Tennessee operates one managed care program, a physical health program known as TennCare with a behavioral health carve-out known as TennCare Partners.

Tennessee's managed behavioral health care program has experienced several iterations, and adjustments continue to be made to the design, organization, and financing of the system. Currently, behavioral health services are carved out of the physical health plan (TennCare) and provided under a separate program (TennCare Partners) covering Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), uninsured, and uninsurable children. The Medicaid agency now contracts with a single behavioral health managed care organization (BHMCO) on a fully capitated basis to manage the behavioral health portion of TennCare Partners. TennCare with the TennCare Partners carve-out has faced problems since its inception in July 1996. Several adjustments were made in 1998 primarily through the infusion of additional funds for community mental health and substance abuse providers. Also in 1998, the State took over payment of prescrip-

tion drugs. One of TennCare's greatest challenges has been financing the program.

To respond to this issue, the Governor made several recommendations in August of 1999 that are awaiting the Health Care Financing Administration's approval. The recommendations are (1) cutting off enrollment of the uninsured population, (2) scaling back the benefit package by increasing deductibles and co-payments, (3) imposing penalties on BHMCOs for failure to prescribe needed medications before the client is diagnosed with a serious mental illness or serious emotional disturbance, and (4) proposing new tax reforms to help relieve financial pressures on the program. If approved, these changes would require additional modifications to the TennCare Partners program.

Non-Managed Care

Mental health services funded by the State Mental Health and Substance Abuse authorities are excluded from managed care. For these services, the Department of Mental Health and Mental Retardation contracts with community mental health centers. The Bureau of Alcohol and Drug Abuse Services purchases services under several types of arrangements.



Tennessee

Data as of July 1999

TENNCARE PARTNERS

Administration and Financing

Date of Implementation	01/01/1994		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Tennessee

Data as of July 1999

TENNCARE PARTNERS

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 1,158,218

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input checked="" type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|----------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> General Assistance | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input checked="" type="checkbox"/> Uninsured | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Underinsured | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

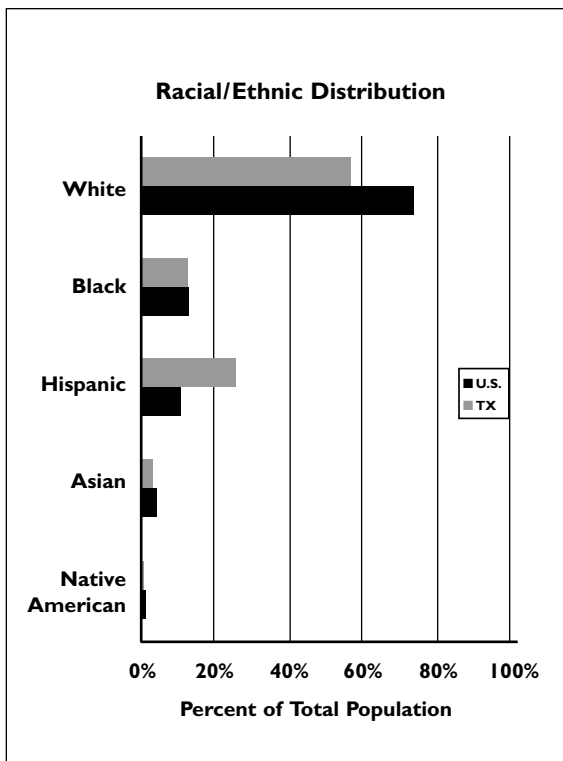
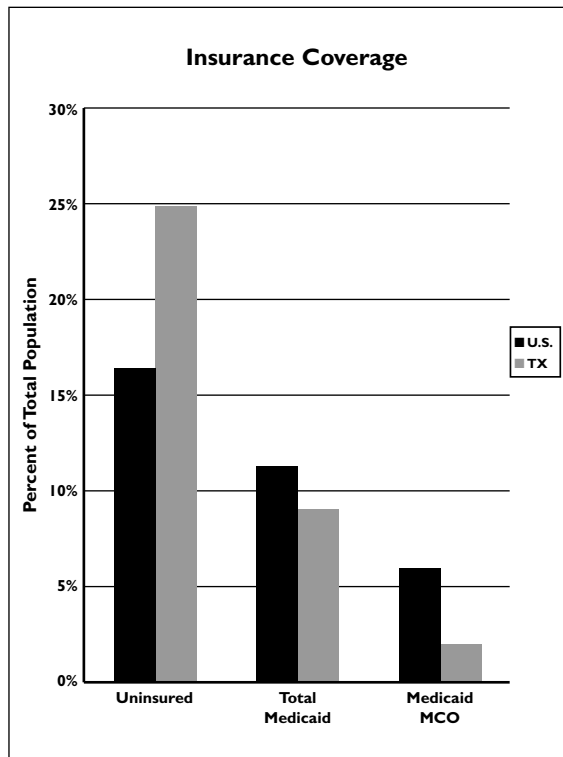
*** To be determined

**** Data not collected on these population categories

Texas

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Texas	United States	Rank in U.S.
Total Population:	19,439,000	267,636,000	2 of 51
Total Uninsured:	4,836,000	43,448,000	3 of 51
Total Medicaid:	1,719,249	30,009,674	36 of 51
Medicaid MCO:	437,898	15,760,205	43 of 51

Persons Below Poverty Level

Percent of Population: 17%

Rank in United States: 11 of 51

Mental Health and Substance Abuse Expenditures

	Texas	United States	Rank in U.S.
Total SA Spending:	\$92,598,790	\$3,936,438,471	11 of 51
Total MH Spending:	\$748,176,525	\$16,134,317,777	5 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Texas:	131,183	656,136	252,707
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	17 of 51	44 of 51	12 of 26

Racial and Ethnic Distribution

	Texas	United States	Rank in U.S.
White:	10,933,000	194,571,000	47 of 51
Black:	2,374,000	33,947,000	18 of 51
Hispanic:	5,515,000	26,763,000	3 of 51
Asian:	524,000	10,033,000	14 of 51
Native American:	93,000	2,322,000	26 of 51

*See appendix A for data sources

N/A—Data not available

Texas

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Texas has implemented two managed care programs that include some behavioral health care, the State of Texas Access Reform (STAR) program and NorthSTAR, a behavioral health carve-out in the seven-county Dallas region.

STAR, which operates under a 1915(b) waiver, encompasses three models: A full-risk health maintenance organization (HMO) model, a partial-risk Pre-paid Health Plan (PHP), and a no-risk enhanced Primary Care Case Management (PCCM) model. These models, targeted primarily to individuals with acute care needs, have been implemented in six regions of the State. Under these models, some inpatient and outpatient services are provided. HMOs have some flexibility to offer nontraditional services within their capitation rate. Under STAR, the Texas Department of Health (TDH) contracts with for-profit and nonprofit HMOs. Almost all HMO plans subcontract behavioral health to private, for-profit behavioral health managed care organizations (BHMCOs). BHMCOs contract directly with providers and community mental health centers to provide treatment. Federal and State Medicaid dollars finance this program.

NorthSTAR, the new behavioral health carve-out program in the Dallas area, became operational on a voluntary basis on July 1, 1999. The program so far has enrolled families with children receiving Medicaid and non-Medicaid indigent individuals. The Health Care Financing Administration approved the 1915(b) waiver on September 7, 1999, which now allows the State to begin a phase-in to full implementation in the Dallas area. As of October 1, 1999, persons in all Medicaid-eligible categories will be able to enroll in the program, which becomes mandatory on December 1, 1999.

Under NorthSTAR, the Texas Department of Mental Health and Mental Retardation (TDMHMR) and the Texas Commission on

Alcohol and Drug Abuse (TCADA) have contracted with two private, for-profit BHMCOs to provide behavioral health services in the Dallas area. The BHMCOs, in turn, are required to contract with a specialty provider network (SPN) to provide specialized range of services to the adult seriously mentally ill (SMI) and child serious emotional disturbance (SED) populations. The BHMCOs are considering using an organized network of community mental health centers in this capacity. Substance abuse services are provided, in part, by an organized network of substance abuse treatment providers, under a 501(c)3 organization titled Dallas Area Substance Abuse Network. Additionally, NorthSTAR will establish a single local behavioral health authority (LBHA) to serve in an ombudsman and oversight capacity for the seven-county region, eliminating the dual role currently played by the area's five community mental health centers as providers and local authorities. NorthSTAR combines Medicaid, State mental health, most State chemical dependency and Federal funds, State general revenue, federal Block grants, and local funds.

Non-Managed Care

Except in the Dallas area, mental health programs funded by TDMHMR are not covered under managed care. Instead, TDMHMR operates 9 State psychiatric hospitals (Austin, Big Spring, Rusk, San Antonio, Terrell, Vernon, Waco Center for Youth, and Wichita Falls), and contracts with 5 Regional State Operated Community Services, 5 State Centers, and 38 State-operated MHMR centers to provide public sector mental health services. These services are purchased through allocated State and block grant dollars, as well as through some grants and agency projects.

Except in the Dallas area, substance abuse programs funded by TCADA are not covered under any managed care arrangement. TCADA provides these services through direct contracts with providers under the fee-for-service system.



Texas

Data as of July 1999

STATE OF TEXAS ACCESS REFORM (STAR)

Administration and Financing

Date of Implementation	12/01/1993		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Texas

Data as of July 1999

STATE OF TEXAS ACCESS REFORM (STAR)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 157,490

Medicaid

Population

- | | Voluntary | Mandatory |
|---|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Texas

Data as of July 1999

NORTHSTAR

Administration and Financing

Date of Implementation	07/01/1999		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input checked="" type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input checked="" type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input checked="" type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Texas

Data as of July 1999

NORTHSTAR

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☒ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

☐

☒

☐

☐

Non-Medicaid

Population

☒ General Assistance

☒ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☒

☐

☒

☐

☒

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☒ Other: Assertive Community Treatment

☒ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

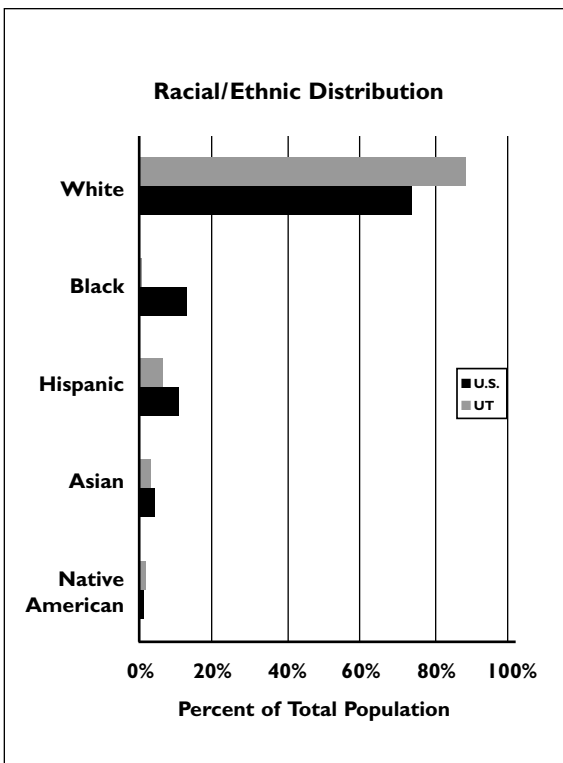
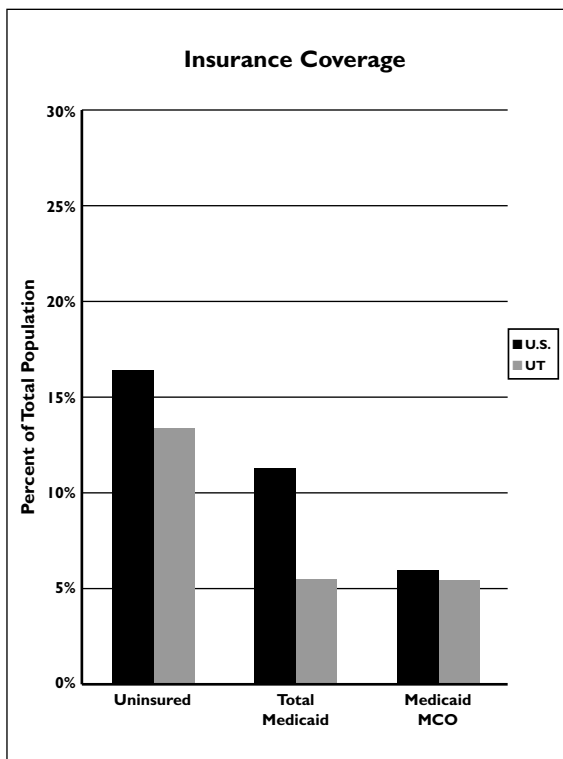
*** To be determined

**** Data not collected on these population categories

Utah

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Utah	United States	Rank in U.S.
Total Population:	2,059,000	267,636,000	34 of 51
Total Uninsured:	280,000	43,448,000	28 of 51
Total Medicaid:	123,572	30,009,674	49 of 51
Medicaid MCO:	112,803	15,760,205	30 of 51

Persons Below Poverty Level

Percent of Population: 8%

Rank in United States: 48 of 51

Mental Health and Substance Abuse Expenditures

	Utah	United States	Rank in U.S.
Total SA Spending:	\$33,255,224	\$3,936,438,471	25 of 51
Total MH Spending:	\$56,478,355	\$16,134,317,777	42 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Utah:	17,454	59,152	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	1 of 51	51 of 51	N/A

Racial and Ethnic Distribution

	Utah	United States	Rank in U.S.
White:	1,838,000	194,571,000	15 of 51
Black:	18,000	33,947,000	43 of 51
Hispanic:	123,000	26,763,000	13 of 51
Asian:	51,000	10,033,000	16 of 51
Native American:	29,000	2,322,000	11 of 51

*See appendix A for data sources

N/A—Data not available



OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Utah operates one public sector Medicaid managed care program for mental health, referred to as the Prepaid Mental Health Plan (PMHP). This program is currently a mental health stand-alone that covers mental health services in 25 of 29 counties for Temporary Assistance to Needy Families (TANF), disabled populations, and medically needy clients. The Division of Health Care Financing (DHCF) has sole-source capitated contracts with eight Community Mental Health Centers (CMHCs). All PMHPs subcontract with hospitals for inpatient psychiatric services and, to some degree, with selected community providers to deliver outpatient mental health services. Utah has submitted an 1115 waiver to expand both Medicaid eligibility categories and geographic areas participating in the

PMHP. Pending Federal approval, the Medicaid agency also plans to provide substance abuse services on a capitated basis in selected areas of the State in January of 2000. Under this waiver, mental health and substance abuse services would continue to be provided as a carve-out from physical health care services.

Non-Managed Care

For mental health services funded by the State mental health authority, the Division of Mental Health contracts directly with 10 CMHCs and one State hospital on a fee-for-service basis. For services funded by the State substance abuse authority, the Division of Substance Abuse has master contracts with county substance abuse authorities or municipal entities under a fee-for-service arrangement.

PREPAID MENTAL HEALTH PLAN (PMHP)

Administration and Financing

Date of Implementation	07/01/1991		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
	<input type="checkbox"/> Other:		
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input checked="" type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Utah

Data as of July 1999

PREPAID MENTAL HEALTH PLAN (PMHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 109,932

Medicaid

Population

- | | Voluntary | Mandatory |
|---|----------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input checked="" type="checkbox"/> Medically Needy | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

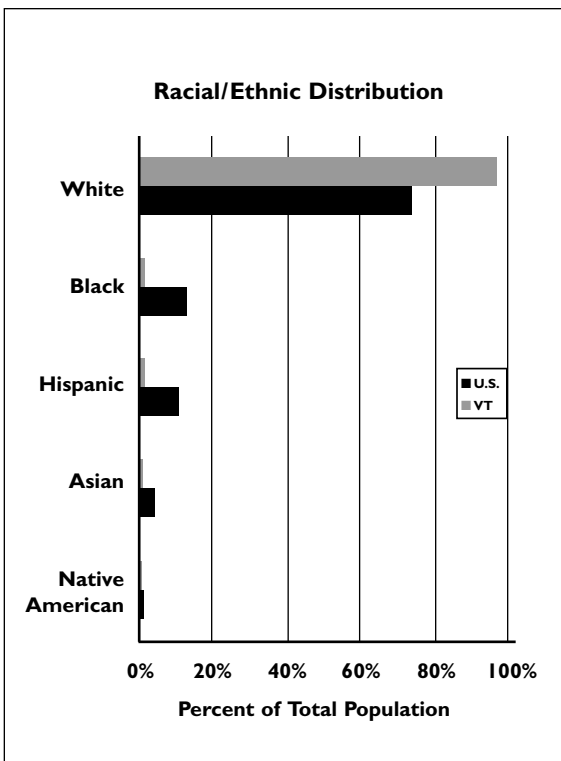
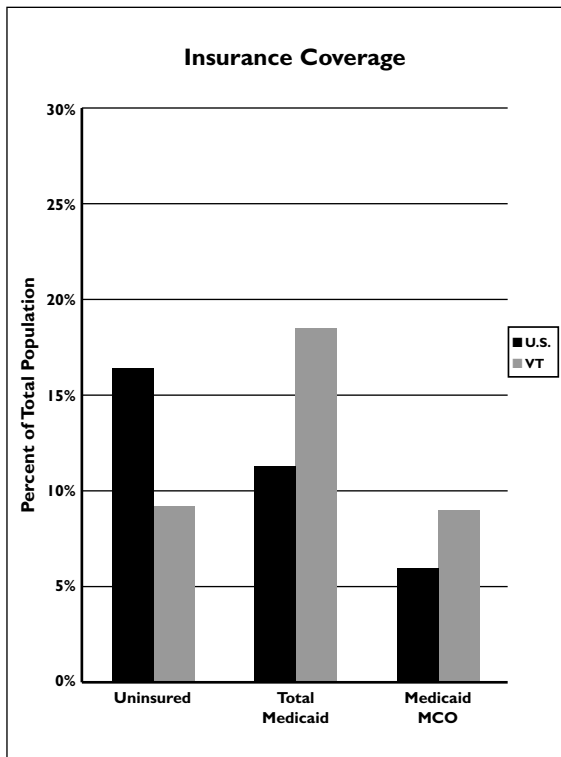
*** To be determined

**** Data not collected on these population categories

Vermont

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Vermont	United States	Rank in U.S.
Total Population:	590,000	267,636,000	49 of 51
Total Uninsured:	55,000	43,448,000	49 of 51
Total Medicaid:	107,976	30,009,674	3 of 51
Medicaid MCO:	52,153	15,760,205	8 of 51

Persons Below Poverty Level

Percent of Population: 13%

Rank in United States: 19 of 51

Mental Health and Substance Abuse Expenditures

	Vermont	United States	Rank in U.S.
Total SA Spending:	\$7,985,455	\$3,936,438,471	47 of 51
Total MH Spending:	\$54,577,018	\$16,134,317,777	43 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Vermont:	3,825	22,662	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	21 of 51	14 of 51	N/A

Racial and Ethnic Distribution

	Vermont	United States	Rank in U.S.
White:	575,000	194,571,000	2 of 51
Black:	3,000	33,947,000	49 of 51
Hispanic:	5,000	26,763,000	45 of 51
Asian:	5,000	10,033,000	41 of 51
Native American:	2,000	2,322,000	34 of 51

*See appendix A for data sources

N/A—Data not available

Vermont

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Vermont operates two managed care programs with behavioral health components. The Vermont Health Access Plan/VHAP, an integrated Medicaid health maintenance organization (HMO) program, provides acute mental health and substance abuse benefits. The Community Rehabilitation and Treatment/CRT Case Rate Program provides long-term behavioral health services to individuals with serious mental illness (SMI).

VHAP is a statewide integrated Medicaid HMO program for acute health services including behavioral health. The Office of Vermont Health Access (OVHA) contracts with two managed health plans—each of which has behavioral health components that serve Medicaid and VHAP eligible consumers. One of the health plans provides behavioral health care through its own network; the other subcontracts with a private for-profit behavioral health managed care organization (BHMCO). Both plans are required to provide an array of mental health and substance abuse services including outpatient, intensive outpatient, residential, detoxification, and pharmacotherapy services. The plans are required to have coordinating agreements with all appropriate substance abuse agencies in the health plan service area. These agreements are designed to describe the coordination of services and referrals between the health plan and OVHA for noncovered substance abuse services and the provision of emergency services.

On July 1, 1999, the Department of Developmental and Mental Health Services (DDMHS) implemented the CRT Case Rate Program for all public-sector services for adults with SMI. As an amendment to the VHAP 1115 Medicaid waiver, DDMHS now functions much like a private managed care organization (MCO) with payor and purchaser responsibilities. As an MCO, DDMHS has established provider network criteria, set provider payment methods and rates, and developed performance indicators and out-

comes. As a purchaser, DDMHS is changing its funding mechanisms to focus on paying for individuals served and for the outcomes they achieve, rather than for the number of services delivered. DDMHS is changing from fee-for-service funding to funding based on case rates. DDMHS is combining Medicaid and general revenue funds into a single system of payments for all public sector mental health clients requiring long-term care. The community mental health centers (CMHCs) now function as a managed service organization (MSO). In this capacity, CMHCs have taken on a case management role and are required to use their own utilization review mechanisms to assist in matching services to consumer need.

Non-Managed Care

All services administered by DDMHS, other than those for people with SMI, are excluded from managed care. These services include adult mental health outpatient services, emergency services, and children's behavioral health services (outpatient, case management, respite, wrap-around, residential, etc.). These programs are delivered through 10 CMHCs via direct contracts with DDMHS. Payment mechanisms for these programs include Medicaid fee-for-service, Medicaid home and community-based waiver for children and adolescents with severe emotional disturbances, Federal grant funds, and State general fund global budget allocations. Long-term behavioral health needs for children are accessed through an Interagency Coordinated System of Care.

For clients who are not Medicaid or VHAP eligible, substance abuse services are provided through treatment grants to CMHCs and other organizations with specialized substance abuse programs. The Department of Health's Office of Alcohol and Drug Abuse Program directly funds a continuum of treatment modalities from assessment through residential treatment. The State funds outpatient services through State general funds, block grants, and treatment improvement grants.



Vermont

Data as of July 1999

VERMONT HEALTH ACCESS PLAN (VHAP)

Administration and Financing

Date of Implementation	01/01/1996		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO	Community providers and BHMCO	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Vermont

Data as of July 1999

VERMONT HEALTH ACCESS PLAN (VHAP)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 22,654

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☒ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☒

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Vermont

Data as of July 1999

COMMUNITY REHAB. AND TREATMENT (CRT) CASE RATE PROGRAM

Administration and Financing

Date of Implementation	10/01/1998		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver Status of Program: Approved	<input checked="" type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other: <input type="checkbox"/> ASO		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input checked="" type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input checked="" type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> Child Welfare <input checked="" type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
Primary Contractors			
Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input checked="" type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input checked="" type="checkbox"/> Fee-for-service	<input checked="" type="checkbox"/> Other: Case rates

Vermont

Data as of July 1999

COMMUNITY REHAB. AND TREATMENT (CRT) CASE RATE PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input checked="" type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

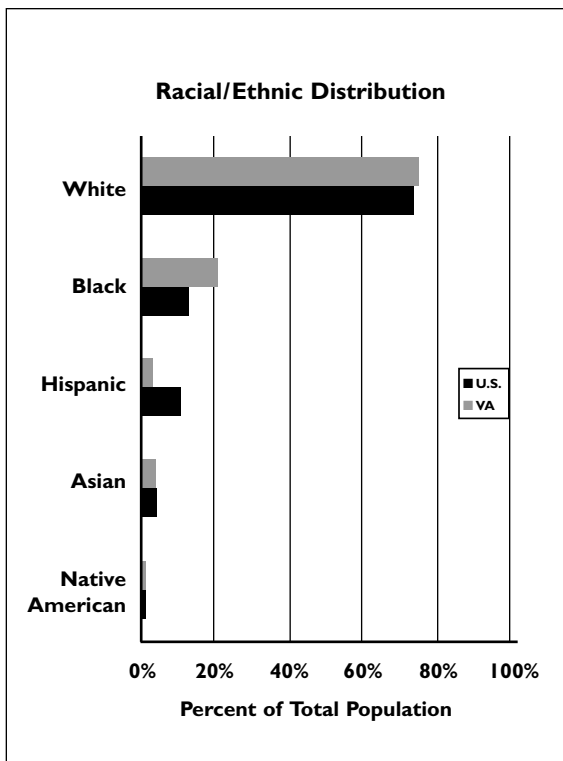
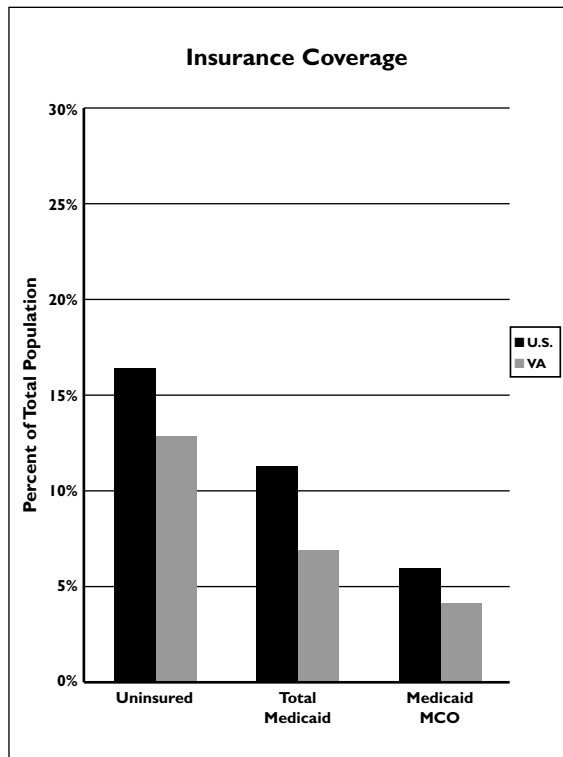
*** To be determined

**** Data not collected on these population categories

Virginia

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Virginia	United States	Rank in U.S.
Total Population:	6,734,000	267,636,000	12 of 51
Total Uninsured:	854,000	43,448,000	32 of 51
Total Medicaid:	498,626	30,009,674	41 of 51
Medicaid MCO:	299,266	15,760,205	35 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 20 of 51

Mental Health and Substance Abuse Expenditures

	Virginia	United States	Rank in U.S.
Total SA Spending:	\$85,716,359	\$3,936,438,471	12 of 51
Total MH Spending:	\$322,978,546	\$16,134,317,777	17 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Virginia:	39,518	252,861	84,848
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	43 of 51	25 of 51	14 of 26

Racial and Ethnic Distribution

	Virginia	United States	Rank in U.S.
White:	4,930,000	194,571,000	33 of 51
Black:	1,344,000	33,947,000	9 of 51
Hispanic:	209,000	26,763,000	24 of 51
Asian:	233,000	10,033,000	9 of 51
Native American:	18,000	2,322,000	38 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Virginia operates three Medicaid managed care programs for Temporary Assistance to Needy Families (TANF) and Supplemental Security Income (SSI) populations: (1) a mandatory health maintenance organization (HMO) program (Medallion II); (2) a voluntary HMO program (Options); and (3) a primary care case management program (Medallion). Program availability varies by regions within the State.

On April 1, 1999, the mandatory Medallion II Medicaid program was expanded from 13 Tidewater cities and counties to 33 additional cities and counties in central Virginia. The Department of Medical Assistance Services (DMAS/Medicaid) contracts with seven private HMOs on a capitated basis to administer the program. In some cases, HMOs subcontract with community service boards (CSBs), which have formed a statewide partnership allowing them to compete for public and private contracts. One HMO has an exclusive contract with five CSBs through the partnership.

The voluntary Options program is temporarily discontinued pending waiver renewal. Similar to Medallion II, DMAS contracts with a number of private HMOs on a fully capitated basis. The HMOs contract with community mental health boards to provide mental health inpatient, outpatient, and

rehabilitation services to the TANF and SSI populations. This program will eventually be phased out upon implementation of the Medallion II program.

The primary care case management Medallion program began as a statewide program but is being gradually phased out as the Medallion II program has expanded to include the western, southwestern, and northern regions of Virginia. The Department of Medical Assistance Services contracts directly with primary care physicians on a per member per case basis for additional services.

Non-Managed Care

Mental health services funded by the State mental health authority are not included in managed care. For these services, the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) contracts with 40 CSBs, and services are purchased through individual performance contracts. There are nine psychiatric facilities to provide public mental health services.

Substance abuse services funded by the State substance abuse authority (DMHMRSAS) are not included under managed care. For these services, DMHMRSAS purchases services under several types of arrangements. These include direct contracts with service providers and master contracts with county or municipal entities.



Virginia

Data as of July 1999

MEDALLION II

Administration and Financing

Date of Implementation	01/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:	
Primary Contractors		
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Primary Contractor Payments		
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Virginia

Data as of July 1999

MEDALLION II

Providers

Provider Payment(s)

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input checked="" type="checkbox"/> Other:Varies by HMO | |

Populations

Total Enrolled: 147,000

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Virginia

Data as of July 1999

OPTIONS

Administration and Financing

Date of Implementation	01/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented, pending renewal			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse
	<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> MH Block Grant
	<input type="checkbox"/> Other:	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Virginia

Data as of July 1999

OPTIONS

Providers

Provider Payment(s)*

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> TANF | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Virginia

Data as of July 1999

MEDALLION

Administration and Financing

Date of Implementation	03/01/1992		
Waiver Type	<input type="checkbox"/> 1115 Waiver Status of Program: Pending	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> ASO <input checked="" type="checkbox"/> Other: Primary Care Case Management		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:																				
Primary Contractors	<table><tr><td>Public <input checked="" type="checkbox"/></td><td>Private <input checked="" type="checkbox"/></td><td>Partnership <input type="checkbox"/></td></tr><tr><td><input checked="" type="checkbox"/> County/Local Government</td><td><input type="checkbox"/> HMO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Center</td><td><input type="checkbox"/> BHMCO</td><td></td></tr><tr><td><input type="checkbox"/> Community Mental Health Board</td><td><input type="checkbox"/> Private Community SA Providers</td><td></td></tr><tr><td><input type="checkbox"/> Public Community SA Providers</td><td><input checked="" type="checkbox"/> Other Provider</td><td></td></tr><tr><td><input type="checkbox"/> Other:</td><td><input type="checkbox"/> Other:</td><td></td></tr></table>			Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider		<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>																			
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO																				
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO																				
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers																				
<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider																				
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:																				
Primary Contractor Payments	<table><tr><td><input type="checkbox"/> Full capitation</td><td><input type="checkbox"/> Partial capitation</td><td><input type="checkbox"/> Global budget</td></tr><tr><td><input checked="" type="checkbox"/> Fixed fees</td><td><input checked="" type="checkbox"/> Fee-for-service</td><td><input type="checkbox"/> Other:</td></tr></table>			<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	<input checked="" type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:												
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget																			
<input checked="" type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:																			

Virginia

Data as of July 1999

MEDALLION

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 142,000

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA***

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☐ Other:

☐ MH prevention

☒ Pharmacy

☒ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☐ Inpatient

☐ Outpatient

☐ Residential

☐ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☐ Detoxification

☐ Opiate/Methadone

* No response

** Not applicable

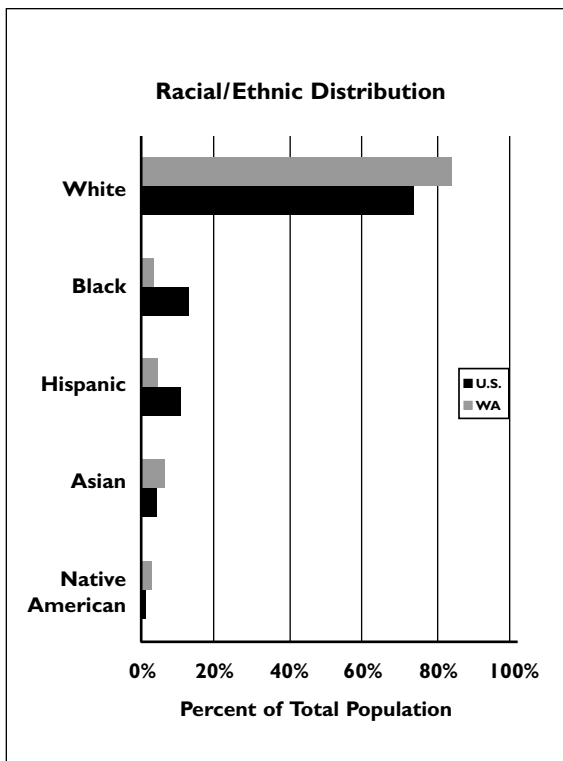
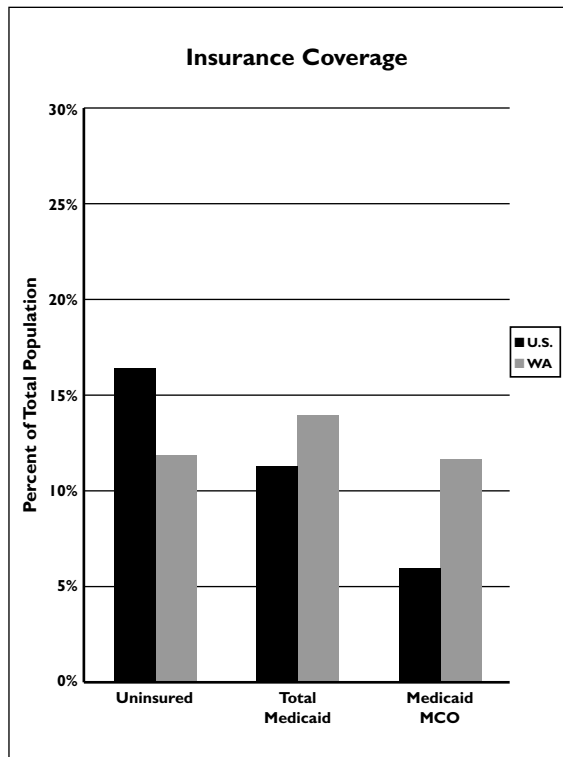
*** To be determined

**** Data not collected on these population categories

Washington

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Washington	United States	Rank in U.S.
Total Population:	5,610,000	267,636,000	15 of 51
Total Uninsured:	655,000	43,448,000	40 of 51
Total Medicaid:	788,922	30,009,674	8 of 51
Medicaid MCO:	718,023	15,760,205	2 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 24 of 51

Mental Health and Substance Abuse Expenditures

	Washington	United States	Rank in U.S.
Total SA Spending:	\$76,147,989	\$3,936,438,471	15 of 51
Total MH Spending:	\$437,056,099	\$16,134,317,777	12 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Washington:	35,728	194,686	N/A
United States:	1,685,310	9,995,693	N/A
Rank in U.S.:	28 of 51	42 of 51	N/A

Racial and Ethnic Distribution

	Washington	United States	Rank in U.S.
White:	4,701,000	194,571,000	24 of 51
Black:	196,000	33,947,000	36 of 51
Hispanic:	302,000	26,763,000	16 of 51
Asian:	311,000	10,033,000	3 of 51
Native American:	100,000	2,322,000	10 of 51

*See appendix A for data sources

N/A—Data not available

Washington

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Washington State operates two managed care programs offering public sector behavioral health services: the Integrated Community Mental Health Program (ICMHP), a stand-alone Medicaid program for community inpatient and outpatient mental health and rehabilitation services; and the Washington Basic Health Plan (BHP), a Medicaid-sponsored physical health managed care program that provides some mental health/substance abuse benefits to uninsured individuals not eligible for Medicaid.

Washington's statutorily based county mental health authorities, known as Regional Support Networks (RSNs), manage services under the ICMHP, along with all public mental health services funded by the State mental health authority, including the mental health block grant. The Mental Health Division (MHD) contracts with 14 RSNs, which operate as prepaid health plans under fully capitated arrangements. Most of the RSNs contract with community mental health centers for service delivery, but three of the counties—King, Clark, and Spokane—contract with a private behavioral health managed care organization (BHMCO) for administrative and monitoring services. This program is funded by Medicaid, Federal block grant dollars, and State-only money. RSNs use the block grant and State funds to serve non-Medicaid eligible populations and to provide intake and emergency services.

Under BHP, the Washington State Health Care Authority (HCA) contracts with 10 private health plans. The plan operates on a prepaid capitated basis for basic health care services. Chemical dependency treatment benefits limited to a maximum of \$5,000 in a 24 consecutive calendar month period and a lifetime maximum of \$10,000 and a 10-day per calendar year maximum for mental health inpatient and 12 outpatient days per calendar year, are administered by the HCA. Payment for coverage is made through monthly premiums (full premiums or reduced premiums with State custody) and co-pays at the time of service. The amount of the monthly premium is based on age, family size, income, and health plan chosen.

Non-Managed Care

With the exception of limited services provided under BHP, all substance abuse services provided to public assistance recipients are managed by the Division of Alcohol and Substance Abuse (DASA) under the fee-for-service system. DASA reports, however, that the division uses a number of managed care principles, including the following: American Society of Addiction Medicine Patient Placement Criteria in the conduct of client assessment and treatment referral, limits on length of stay or the number of visits allowed, and pre-authorization requirements for residential services (except for priority populations, such as youth or pregnant women).



Washington

Data as of July 1999

INTEGRATED COMMUNITY MENTAL HEALTH PROGRAM (ICMHP)

Administration and Financing

Date of Implementation	07/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input checked="" type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input checked="" type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input checked="" type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input checked="" type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Washington

Data as of July 1999

INTEGRATED COMMUNITY MENTAL HEALTH PROGRAM (ICMHP)

Providers

Provider Payment(s)

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input checked="" type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 730,052

Medicaid

Population

- | | Voluntary | Mandatory |
|--|----------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> TANF | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

- | | Voluntary | Mandatory |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Washington

Data as of July 1999

BASIC HEALTH PLAN (BHP)

Administration and Financing

Date of Implementation	01/01/1995		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input type="checkbox"/> Medicaid Program <input checked="" type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: General revenues, premiums			

Purchasers and Contractors

Purchaser	<input type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input checked="" type="checkbox"/> Other: Washington State Health Care Authority		
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Washington

Data as of July 1999

BASIC HEALTH PLAN (BHP)

Providers

Provider Payment(s)*

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA**** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|----------------------------|----------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Uninsured | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input checked="" type="checkbox"/> Underinsured | <input type="checkbox"/> * | <input type="checkbox"/> * |
| <input type="checkbox"/> Clinical Criteria**** | | |

Services

Mental Health Services

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Support |
| <input type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|---|---|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Detoxification |
| <input type="checkbox"/> Crisis/Emergency | <input type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

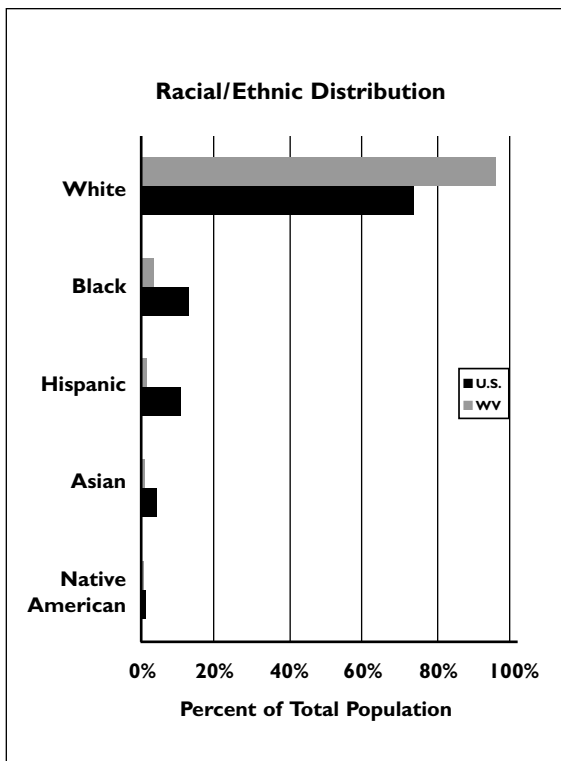
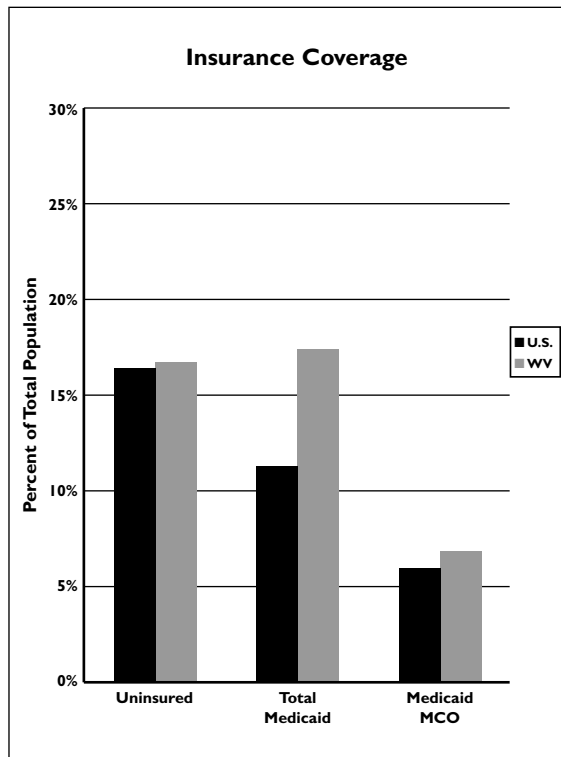
*** To be determined

**** Data not collected on these population categories

West Virginia

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	West Virginia	United States	Rank in U.S.
Total Population:	1,816,000	267,636,000	35 of 51
Total Uninsured:	300,000	43,448,000	17 of 51
Total Medicaid:	308,910	30,009,674	5 of 51
Medicaid MCO:	131,349	15,760,205	20 of 51

Persons Below Poverty Level

Percent of Population: 19%

Rank in United States: 5 of 51

Mental Health and Substance Abuse Expenditures

	West Virginia	United States	Rank in U.S.
Total SA Spending:	\$18,939,874	\$3,936,438,471	36 of 51
Total MH Spending:	\$41,925,366	\$16,134,317,777	47 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
West Virginia:	11,570	72,895	22,155
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	27 of 51	7 of 51	17 of 26

Racial and Ethnic Distribution

	West Virginia	United States	Rank in U.S.
White:	1,738,000	194,571,000	4 of 51
Black:	58,000	33,947,000	37 of 51
Hispanic:	9,000	26,763,000	51 of 51
Asian:	9,000	10,033,000	51 of 51
Native American:	2,000	2,322,000	51 of 51

*See appendix A for data sources

N/A—Data not available

West Virginia

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

West Virginia operates one managed behavioral health program, New Directions in Medicaid Services Initiative, which is currently a noncapitated behavioral health stand-alone that has been implemented statewide and is funded by general assistance and Medicaid monies. The Department of Health and Human Resources is preparing a request for proposals to engage the services of an administrative services organization (ASO) to conduct utilization management in preparation for the State's transition from a fee-for-service to a capitation system. The program is being implemented in three phases. Phase I is the creation of a utilization management system, the New Directions project, which has established a database for eligibility and service authorization tasks and given State developers utilization information crucial to formulating capitation rates. Phase II is the hiring of an administrative services organization (ASO). The State released an RFP in late July 1999 and will pay a flat

management fee, withholding 10 percent to be paid at the end of the year based on the ASO's performance regarding delivery of reports, work with consumer groups, and review of service denials. The State lacks strong county or regional boards and instead contracts directly with providers. Phase III will be full capitation, a step that state officials expect to be three to five years away.

Non-Managed Care

Non-Medicaid funded services, Title XIX waiver services, inpatient services, and personal care services are excluded from the current New Directions in Medicaid Services Initiative. Through mental health block grant dollars, the West Virginia Department of Health and Human Resources, Bureau for Behavioral Health and Health Facilities, contracts with 75 to 80 community mental health centers and foster care agencies to provide mental health and substance abuse services under the fee-for-service system. The State also has two psychiatric hospitals serving its 55 counties.



West Virginia

Data as of July 1999

NEW DIRECTIONS IN MEDICAID SERVICES INITIATIVE

Administration and Financing

Date of Implementation	11/01/1996		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated	<input checked="" type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> ASO	
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input checked="" type="checkbox"/> Other Provider		
<input checked="" type="checkbox"/> Other: OBHS	<input checked="" type="checkbox"/> Other: Behavioral Health Utilization Management Firm		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

West Virginia

Data as of July 1999

NEW DIRECTIONS IN MEDICAID SERVICES INITIATIVE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled:*

Medicaid

Population

☒ TANF

☒ SSI

☒ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☒

☐

☒

☐

☐

☐

☐

☐

☐

Non-Medicaid

Population

☒ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐*

☐*

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Rehabilitation

☐ IMD

☒ Crisis/Emergency

☒ Other: Child care residential bundled rates

☐ MH prevention

☐ Pharmacy

☐ Transportation

☐ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☐ Other:

☐ Prevention

☐ Transportation

☒ Detoxification

☐ Opiate/Methadone

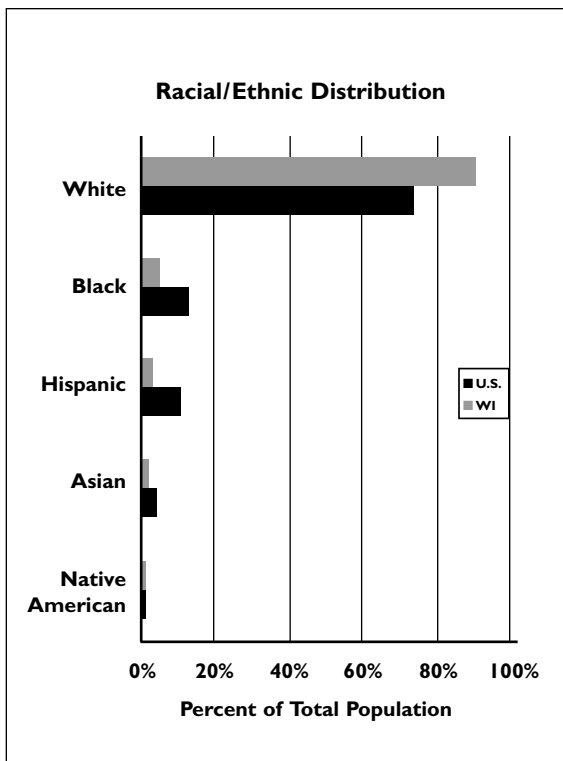
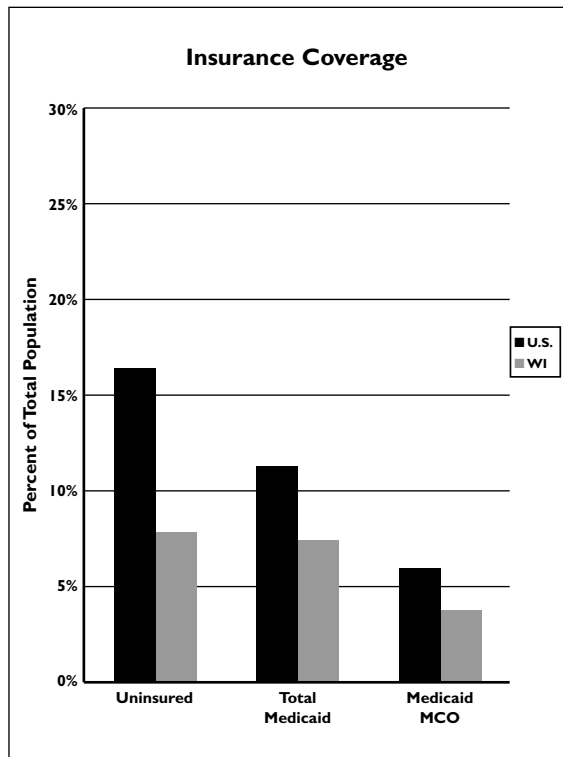
* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

STATE CHARACTERISTICS*



Insurance Coverage

	Wisconsin	United States	Rank in U.S.
Total Population:	5,169,000	267,636,000	18 of 51
Total Uninsured:	409,000	43,448,000	50 of 51
Total Medicaid:	397,295	30,009,674	39 of 51
Medicaid MCO:	194,874	15,760,205	37 of 51

Persons Below Poverty Level

Percent of Population: 9%

Rank in United States: 44 of 51

Mental Health and Substance Abuse Expenditures

	Wisconsin	United States	Rank in U.S.
Total SA Spending:	\$122,229,100	\$3,936,438,471	7 of 51
Total MH Spending:	\$226,893,610	\$16,134,317,777	22 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Wisconsin:	35,300	194,550	62,040
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	15 of 51	23 of 51	19 of 26

Racial and Ethnic Distribution

	Wisconsin	United States	Rank in U.S.
White:	4,646,000	194,571,000	14 of 51
Black:	286,000	33,947,000	30 of 51
Hispanic:	114,000	26,763,000	31 of 51
Asian:	77,000	10,033,000	27 of 51
Native American:	46,000	2,322,000	19 of 51

*See appendix A for data sources

N/A—Data not available

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

Wisconsin is piloting a number of managed care plans designed around specifically defined populations. Currently, the State operates seven managed behavioral health care programs:

1. Medicaid HMO Program
2. BadgerCare
3. Independent Care (I-Care)
4. Program for All-inclusive Care for the Elderly (PACE)
5. Wisconsin Partnership Program (WI Partnership)
6. Children Come First (CCF)
7. WrapAround Milwaukee (WAM)

Five programs (1 through 5 above) integrate comprehensive physical and limited behavioral health services and two (6 and 7 above) provide specialty behavioral health care for children with serious emotional disturbance (SED) in Dane and Milwaukee counties.

Integrated HMOs

Two of the integrated programs provide statewide coverage: The Medicaid health maintenance organization (HMO) program serves Temporary Assistance to Needy Families (TANF) populations, and BadgerCare serves the un- and underinsured. Under the Medicaid HMO program, Medicaid contracts with 18 HMOs to provide mental health and substance abuse services. Medicaid finances this program and pays two separate capitation rates, one for the TANF population and one for the Healthy Start pregnant women population. Capitation rates vary among the 10 State regions. The program has mandatory enrollment for residents in counties with two or more HMOs but does not require enrollment in counties with only one HMO.

BadgerCare (1115 Medicaid waiver), implemented in July 1999, is composed of 2 delivery systems, an HMO system and a subsidized employer-based system. This program is financed through Medicaid, State general revenues, and premiums. It offers mental health and substance abuse benefits. HMOs are paid a capitated rate although some services are still reimbursed on a fee-for-service (FFS) basis (e.g., dental).

The remaining three integrated programs—Independent Care (I-Care), Program for All-inclusive Care for the Elderly (PACE), and Wisconsin Partnership Program (WI Partnership)—provide mental health and substance abuse services to Supplemental Security Income (SSI) or elderly individuals in five counties.

Under Milwaukee County's I-Care, a state-licensed HMO and community-based organization formed a partnership to administer medical and social services for SSI recipients who are disabled. The State Division of Health Care Financing (DHCF), pays the HMO a capitated per member per month rate through Medicaid funding.

PACE is a multidisciplinary team that facilitates the frail elderly to live in the community rather than in institutions. Community Care for the Elderly in Milwaukee County and Elder Care in Dane County deliver the services under this program. The DHFS contracts with Community Care Organizations (CCO), which operates Community Care for the Elderly (CCE) in Milwaukee and Elder Care Options in Dane County. Medicare and Medicaid pay a capitation rate to PACE sites.

WI Partnership is a demonstration project that provides home and community care; covers primary, acute, and long-term care; and integrates medical and psychosocial services as well as Medicaid and Medicare benefits to the frail elderly and persons with physical disabilities. Elder Care has facilities that provide services under this program in Chippewa, Dane, Dunn, Eau Claire, and Milwaukee counties. The DHFS contracts with Elder Care of



OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Dane County, Inc., and Community Care Organizations for the elderly, with the Community Living Alliance (CLA) for the physically disabled, and with the Center for Independent Living for Western Wisconsin (CILWW) for both the elderly and physically disabled. This program is financed through Medicare revenues.

Specialty Behavioral Health Programs

Wisconsin also operates two specialty behavioral health programs: Children Come First (CCF) in Dane County and WrapAround Milwaukee (WAM) in Milwaukee County. These programs have similar administration and design and both provide mental health and substance abuse services. In each case, Medicaid contracts with the county for administration of the program. The county is responsible for the operational administration of the program and subcontracts for mental health and substance abuse services. Each program contracts with more than 100 community-based providers, which are a combination of public, private, for-profit, and nonprofit providers. Responsibilities are dependent on the individual needs of each family. In addition to the services listed above, CCF also contracts for non-Medicaid services such as respite and mentoring services. Each county provides 95 percent of FFS costs for mental health and substance abuse services in addition to providing payment to cover non-Medicaid services.

Additionally, the State was recently awarded a \$100,000 feasibility study grant to develop mental health/alcohol and other drug (MH/AODA) managed care demonstration programs for individuals with serious mental illness (SMI) and substance abuse disorders. The demonstration programs, which will be partially funded by Medicaid, will roll-out in July 2000. The MH/AODA managed care demonstration programs will include recommendations from the Governor's Blue Ribbon Commission on Mental Health. The State plans to

- explore and compare a variety of MH/AODA managed care models.
- integrate Medicaid dollars with community aid and county property tax dollars supporting MH/AODA services.
- involve key participants, including consumers and family members, in the planning process for the demonstration programs.

Non-Managed Care

Other than the pilots described, mental health services funded by the State Mental Health Authority and Medicaid Agency are not covered under any managed care arrangement. Consequently, the Bureau of Community Mental Health (BCMh) provides public sector mental health services. These public sector mental health services are provided through counties and tribes for persons with severe and persistent mental illnesses. An example of public sector mental health delivery systems is the 93 Community Support Programs in the counties and tribes.

Counties and tribes receive State general purpose revenues, a portion of mental health block grant funds, and a portion of county taxes to fund and provide a wide range of Mental Health services and support for the populations.

Additionally, public sector inpatient mental health services are provided through two State mental institutes:

- (1) Mendota MHI offers a civil program to serve children, adolescents, and adults who are in need of psychiatric treatment and
- (2) Winnebago MHI works to meet needs for specialized services that cannot be met by community agencies, such as those of mentally ill children, severe and difficult to treat patients, and forensic patients.

Certain Medicaid populations continue to receive substance abuse services on a fee-for-service basis. In addition, the State Substance Abuse

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Authority provides services with funding from the Substance Abuse Prevention and Treatment block grant. For these services, the State Substance Abuse Authority has direct contracts with community-based service providers in all 72 counties, which may provide services directly or contract with other organizations to provide services. Additionally,

some discretionary grants to provide substance abuse services come from the Center for Substance Abuse Treatment through the State Substance Abuse Authority. These grants are limited in duration and traditionally have focused upon increasing service capacity for underserved groups such as women or adolescents.

Wisconsin

Data as of July 1999

MEDICAID HMO PROGRAM

Administration and Financing

Date of Implementation	08/01/1984		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>
<input type="checkbox"/> County/Local Government		<input checked="" type="checkbox"/> HMO	
<input type="checkbox"/> Community Mental Health Center		<input type="checkbox"/> BHMCO	
<input type="checkbox"/> Community Mental Health Board		<input type="checkbox"/> Private Community SA Providers	
<input type="checkbox"/> Public Community SA Providers		<input type="checkbox"/> Other Provider	
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation		<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget
<input type="checkbox"/> Fixed fees		<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:

Wisconsin

Data as of July 1999

MEDICAID HMO PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 201,944

Medicaid

Population

☒ TANF****

☐ SSI

☒ Dually Eligible****

☐ Medically Needy

☒ Expanded Women and Child****

☐ SOBRA***

☐ Foster Care***

Voluntary Mandatory

☒

☒

☐

☐

☒

☒

☐

☐

☒

☒

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria***

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☐ Crisis/Emergency

☐ Other:

☐ MH prevention

☐ Pharmacy

☐ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☐ Crisis/Emergency

☒ Other:

Pharmacy

☐ Prevention

☐ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

***** Both mandatory and voluntary populations are marked because different requirements apply in different areas of the state

Wisconsin

Data as of July 1999

BADGERCARE

Administration and Financing

Date of Implementation	07/01/1999		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input checked="" type="checkbox"/> Statewide Implementation <input type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: General Revenue, Premiums			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input checked="" type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input checked="" type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Wisconsin

Data as of July 1999

BADGERCARE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 67,535

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SSI | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dually Eligible | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|-------------------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Uninsured | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Underinsured | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input checked="" type="checkbox"/> Other: | |
| Pharmacy, In-home treatment | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Wisconsin

Data as of July 1999

INDEPENDENT CARE (I-CARE)

Administration and Financing

Date of Implementation	07/01/1994		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	HMO + Community	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	Based Orgs	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Wisconsin

Data as of July 1999

INDEPENDENT CARE (I-CARE)

Providers

Provider Payment(s)

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input checked="" type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 3,473

Medicaid

Population

☐ TANF

☒ SSI

☒ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☐ Foster Care****

Voluntary Mandatory

☐

☐

☒

☐

☒

☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☒ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☒ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☒ Other:

Pharmacy

☒ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Wisconsin

Data as of July 1999

PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Administration and Financing

Date of Implementation	11/01/1989		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation	<input checked="" type="checkbox"/> Substate Implementation	
Program Type	<input checked="" type="checkbox"/> Medicaid Program	<input type="checkbox"/> Non-Medicaid Program	
Program Approach	<input checked="" type="checkbox"/> Integrated	<input type="checkbox"/> Carve-out	<input type="checkbox"/> Partial Carve-out
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> Other:	<input type="checkbox"/> ASO	
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Medicare			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	Community Care	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	Organizations	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers	Eldercare	
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input checked="" type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Wisconsin

Data as of July 1999

PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input type="checkbox"/> Fixed fees |
| <input type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 506

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care*** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input type="checkbox"/> Other: | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Wisconsin

Data as of July 1999

WISCONSIN PARTNERSHIP PROGRAM

Administration and Financing

Date of Implementation	01/01/1996		
Waiver Type	<input checked="" type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input checked="" type="checkbox"/> Integrated <input type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input checked="" type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input checked="" type="checkbox"/>	
<input type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO	Community Care for the Elderly	
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO	Community Living Alliance	
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers	Elder Care	
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider	Center for Independent Living	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input checked="" type="checkbox"/> Full capitation	<input type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Wisconsin

Data as of July 1999

WISCONSIN PARTNERSHIP PROGRAM

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 515

Medicaid

Population

Voluntary Mandatory

- | | | |
|---|-------------------------------------|--------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> SSI | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Dually Eligible | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Medically Needy | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Expanded Women and Child | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> SOBRA*** | | |
| <input type="checkbox"/> Foster Care**** | | |

Non-Medicaid

Population

Voluntary Mandatory

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Uninsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Underinsured | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Clinical Criteria*** | | |

Services

Mental Health Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input type="checkbox"/> MH prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Pharmacy |
| <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Rehabilitation | <input checked="" type="checkbox"/> Support |
| <input checked="" type="checkbox"/> IMD | <input type="checkbox"/> Consumer Run |
| <input checked="" type="checkbox"/> Crisis/Emergency | |
| <input type="checkbox"/> Other: | |

Substance Abuse Services

- | | |
|--|--|
| <input checked="" type="checkbox"/> Inpatient | <input checked="" type="checkbox"/> Prevention |
| <input checked="" type="checkbox"/> Outpatient | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Residential | <input checked="" type="checkbox"/> Detoxification |
| <input checked="" type="checkbox"/> Crisis/Emergency | <input checked="" type="checkbox"/> Opiate/Methadone |
| <input checked="" type="checkbox"/> Other: | |
| Pharmacy | |

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Wisconsin

Data as of July 1999

CHILDREN COME FIRST (CCF)

Administration and Financing

Date of Implementation	04/01/1993		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Mental Health <input type="checkbox"/> State Substance Abuse <input type="checkbox"/> MH Block Grant <input type="checkbox"/> SA Block Grant <input checked="" type="checkbox"/> County <input type="checkbox"/> Child Welfare <input type="checkbox"/> Corrections <input type="checkbox"/> Other:		

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State MH Authority <input type="checkbox"/> State SA Authority <input type="checkbox"/> Other:		
Primary Contractors			
Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Partnership <input type="checkbox"/>			
<input checked="" type="checkbox"/> County/Local Government <input type="checkbox"/> HMO			
<input type="checkbox"/> Community Mental Health Center <input type="checkbox"/> BHMCO			
<input type="checkbox"/> Community Mental Health Board <input type="checkbox"/> Private Community SA Providers			
<input type="checkbox"/> Public Community SA Providers <input type="checkbox"/> Other Provider			
<input type="checkbox"/> Other: <input type="checkbox"/> Other:			
Primary Contractor Payments			
<input type="checkbox"/> Full capitation <input checked="" type="checkbox"/> Partial capitation <input type="checkbox"/> Global budget			
<input type="checkbox"/> Fixed fees <input type="checkbox"/> Fee-for-service <input type="checkbox"/> Other:			

Wisconsin

Data as of July 1999

CHILDREN COME FIRST (CCF)

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input checked="" type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 124

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☒

☐

☒

☐

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☐

☐

☐

☐

☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☒ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Crisis/Emergency

☒ Other:

Pharmacy

☒ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

*** To be determined

**** Data not collected on these population categories

Wisconsin

Data as of July 1999

WRAPAROUND MILWAUKEE

Administration and Financing

Date of Implementation	03/01/1997		
Waiver Type	<input type="checkbox"/> 1115 Waiver	<input type="checkbox"/> 1915(b) Waiver	<input checked="" type="checkbox"/> Non-Waiver
Status of Program: Implemented			
Geographic Coverage	<input type="checkbox"/> Statewide Implementation <input checked="" type="checkbox"/> Substate Implementation		
Program Type	<input checked="" type="checkbox"/> Medicaid Program <input type="checkbox"/> Non-Medicaid Program		
Program Approach	<input type="checkbox"/> Integrated <input checked="" type="checkbox"/> Carve-out <input type="checkbox"/> Partial Carve-out		
Contract Type	<input checked="" type="checkbox"/> Full Service <input type="checkbox"/> ASO <input type="checkbox"/> Other:		
Program Funding			
<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State Mental Health	<input type="checkbox"/> State Substance Abuse	<input type="checkbox"/> MH Block Grant
<input type="checkbox"/> SA Block Grant	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Corrections
<input checked="" type="checkbox"/> Other: Other: State agencies			

Purchasers and Contractors

Purchaser	<input checked="" type="checkbox"/> Medicaid	<input type="checkbox"/> State MH Authority	<input type="checkbox"/> State SA Authority
<input type="checkbox"/> Other:			
Primary Contractors			
Public <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Partnership <input type="checkbox"/>	
<input checked="" type="checkbox"/> County/Local Government	<input type="checkbox"/> HMO		
<input type="checkbox"/> Community Mental Health Center	<input type="checkbox"/> BHMCO		
<input type="checkbox"/> Community Mental Health Board	<input type="checkbox"/> Private Community SA Providers		
<input type="checkbox"/> Public Community SA Providers	<input type="checkbox"/> Other Provider		
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:		
Primary Contractor Payments			
<input type="checkbox"/> Full capitation	<input checked="" type="checkbox"/> Partial capitation	<input type="checkbox"/> Global budget	
<input type="checkbox"/> Fixed fees	<input type="checkbox"/> Fee-for-service	<input type="checkbox"/> Other:	

Wisconsin

Data as of July 1999

WRAP AROUND MILWAUKEE

Providers

Provider Payment(s)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Full capitation | <input type="checkbox"/> Partial capitation | <input type="checkbox"/> Global budget | <input checked="" type="checkbox"/> Fixed fees |
| <input checked="" type="checkbox"/> Fee-for-service | <input type="checkbox"/> Case rate | <input type="checkbox"/> Other: | |

Populations

Total Enrolled: 545

Medicaid

Population

☒ TANF

☒ SSI

☐ Dually Eligible

☐ Medically Needy

☐ Expanded Women and Child

☐ SOBRA****

☒ Foster Care****

Voluntary Mandatory

☒

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☐

Non-Medicaid

Population

☐ General Assistance

☐ Uninsured

☐ Underinsured

☐ Clinical Criteria****

Voluntary Mandatory

☐

☐

☐

☐

☐

☐

Services

Mental Health Services

☒ Inpatient

☒ Outpatient

☒ Residential

☒ Rehabilitation

☒ IMD

☒ Crisis/Emergency

☐ Other:

☒ MH prevention

☐ Pharmacy

☒ Transportation

☒ Support

☐ Consumer Run

Substance Abuse Services

☒ Inpatient

☒ Outpatient

☐ Residential

☒ Crisis/Emergency

☒ Other:

Day treatment

☒ Prevention

☒ Transportation

☒ Detoxification

☒ Opiate/Methadone

* No response

** Not applicable

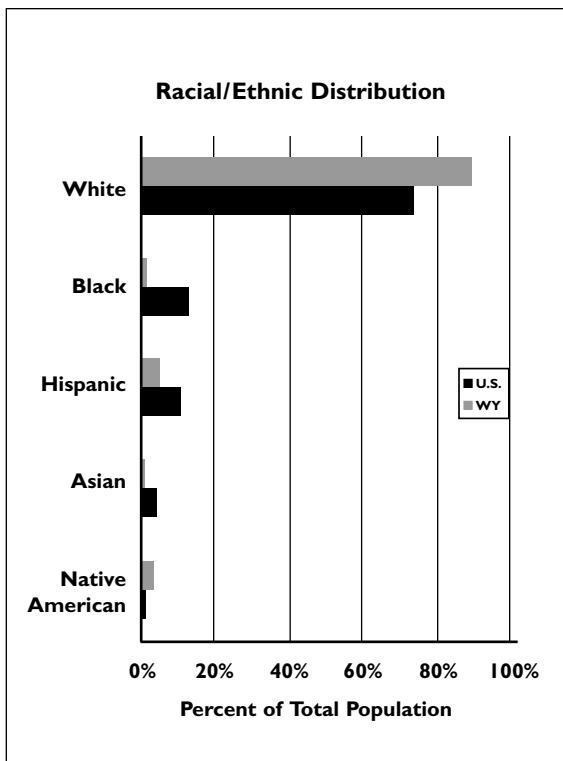
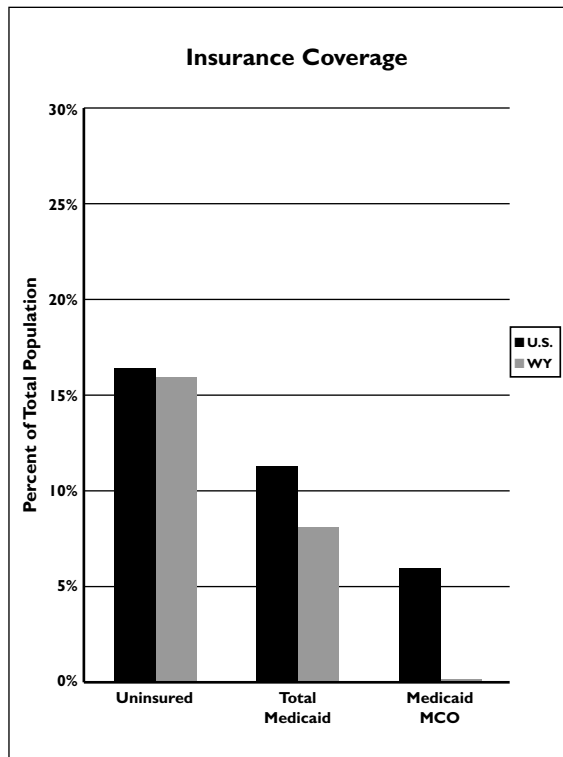
*** To be determined

**** Data not collected on these population categories

Wyoming

Data as of July 1999

STATE CHARACTERISTICS*



Insurance Coverage

	Wyoming	United States	Rank in U.S.
Total Population:	480,000	267,636,000	51 of 51
Total Uninsured:	76,000	43,448,000	20 of 51
Total Medicaid:	35,332	30,009,674	42 of 51
Medicaid MCO:	0	15,760,205	50 of 51

Persons Below Poverty Level

Percent of Population: 12%

Rank in United States: 24 of 51

Mental Health and Substance Abuse Expenditures

	Wyoming	United States	Rank in U.S.
Total SA Spending:	N/A	\$3,936,438,471	N/A
Total MH Spending:	\$20,561,646	\$16,134,317,777	51 of 51

Mental Health and Substance Abuse Populations

	SED	SMI	Chronic SA
Wyoming:	3,755	17,175	6,528
United States:	1,685,310	9,995,693	3,720,154
Rank in U.S.:	2 of 51	39 of 51	10 of 26

Racial and Ethnic Distribution

	Wyoming	United States	Rank in U.S.
White:	435,000	194,571,000	10 of 51
Black:	4,000	33,947,000	44 of 51
Hispanic:	26,000	26,763,000	15 of 51
Asian:	4,000	10,033,000	42 of 51
Native American:	11,000	2,322,000	8 of 51

*See appendix A for data sources

N/A—Data not available

Wyoming

Data as of July 1999

OVERVIEW OF PUBLIC SECTOR BEHAVIORAL HEALTH PROGRAMS

Managed Care

To date, Wyoming has excluded behavioral health services from managed care.

Non-Managed Care

Medicaid mental health and substance abuse services remain under the traditional fee-for-service system. Mental health programs funded by the Division of Behavioral Health are also excluded from managed care. For these programs, the Department of Behavioral Health (DBH) contracts with sixteen local, for-profit, and nonprofit providers. These providers are certified community mental health centers (CMHCs) and only one provider per county receives certification and DBH

funding. For mental health services for the general population, each county is allotted \$70,000 plus a percentage of the remaining appropriation based on population. For the largest populations of SED (severe emotional disturbance) and SPMI (seriously and persistently mentally ill), each CMHC receives a grant (paid in equal monthly amounts for clinical services) to purchase other services and supports to enable clients to remain in the community. Substance abuse services funded by the State substance abuse authority are not included under managed care. For these services, DBH purchases services under several types of arrangements, including direct contracts with local, private, nonprofit service providers.



Appendix A: Data Sources for SAMHSA State Characteristics

Insurance Coverage:

Medicaid and Medicaid/MCO Enrollment

HCFA Health Care Financing Administration. 1999. <http://www.hcfa.gov/medicaid/mcsten98.htm>. *Medicaid Managed Care State Enrollment: June 30, 1998*.

Uninsured Population

United States Census Bureau. 1999. <http://www.census.gov/hhes/hlthins/hlthin97/hi97t8.html>. 1997 Figures.

Persons Below Poverty Level:

United States Census Bureau. 1999. <http://www.census.gov/statab/ranks/pg15.txt>. 1996 Figures (percentages rounded to the nearest whole number).

Mental Health and Substance Abuse Expenditures:

Mental Health

Lutterman, Theodore; Hiram, Abdi; and Poindexter, Bethanne. "Table 1: SMHA Mental Health Actual Dollar and Per Capita Expenditures By State, Fiscal Year 1997." *Funding Sources and Expenditures of State Mental Health Agencies: Fiscal Year 1997*. NASMHPD Research Institute, Inc. Alexandria, VA: 1999.

Substance Abuse

Gustafson, John, *et al.* "Table 1: Expenditures Reported for State Supported Alcohol and Other Drug Services By State and Funding Source For Fiscal Year 1996." *State Resources and Services Related to Alcohol and Other Drug Problems, Fiscal Years 1996 and 1997: An Analysis of State Alcohol and Drug Abuse Profile Data*. National Association of State Alcohol and Drug Abuse Directors, Inc. Washington, DC: 1999.

Mental Health and Substance Abuse Populations:

SED Population

Center for the Mental Health Services. 1998. Manderscheid, R.W. and Henderson, M.J., eds. *Mental Health, United States, 1998*. DHHS Pub. No. (SMA) 99-3285. Washington, DC: 1998. 1995 Estimates are for persons age 9 to 17.

U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Reported SED prevalence of 5 percent for all States.

SMI Population

Center for the Mental Health Services. 1998. Manderscheid, R.W. and Henderson, M.J., eds. *Mental Health, United States, 1998*. DHHS Pub. No. (SMA) 99-3285. Washington, DC: 1998. 1990 Estimates are for persons age 18 or older.

Chronic Substance Abuse Disorders

National Household Survey on Drug Abuse (NHSDA) 1991-1993. Figures were calculated based on percentages reported and 1997 State population. Figures were totaled to include both those who received treatment in the last year for illicit drug abuse and those who received treatment in the last year for alcohol use. Estimates available for only 26 States.

Racial and Ethnic Distribution:

United States Census Bureau. 1998. *Statistical Abstract of the United States*, July 1997 Figures.

Description of Calculations

Insurance Coverage:

- Rank in United States lists States from largest to smallest percent of total U.S. population.

Mental Health and Substance Abuse Expenditures:

- Rank in United States lists States from most to least expenditures.

Mental Health and Substance Abuse Populations:

- Rank in United States lists States from largest to smallest percent of total State population.

Racial and Ethnic Distribution:

- Rank in United States lists States from largest to smallest percent of total State population.

Appendix B: Glossary

Administrative Services Only (ASO) Contract An arrangement under which an independent organization (e.g., private, for-profit managed care organization; insurance carrier) performs administrative services only (claims processing, treatment authorization, etc.) on behalf of a State agency in exchange for a fee. The organization assumes no financial risk.

Approved Waiver Program A State program approved by the Health Care Financing Administration (HCFA) that has not yet been implemented. HCFA authorizes States to waive certain requirements, such as those established by Title XIX (Federal Medicaid law), Sections 1115 or 1915b, of the Social Security Act.

Assertive Community Treatment (ACT) The Council for the Accreditation of Rehabilitation Facilities (CARF) defines ACT as a multidisciplinary team approach that assumes responsibility for directly providing acute, active and ongoing community-based psychiatric treatment, assertive outreach, rehabilitation, and support. The program team provides assistance to individuals to maximize their recovery, ensure consumer-directed goal setting, help the persons served gain hope and a sense of empowerment, and help clients become respected and valued members of their community. The program provides psychosocial services directed primarily to adults with severe and persistent mental illness, who often have co-occurring problems such as substance abuse, homelessness, involvement with the judicial system.

Behavioral Health Managed Care Variety of strategies to control behavioral health (i.e., mental health and substance abuse) costs while ensuring quality care and appropriate utilization. Cost-containment and quality assurance methods include the formation of preferred provider networks, gatekeeping (or pre-certification), case management, relapse prevention, retrospective review, and claims payment.

Behavioral Health Managed Care Organization (BHMCO) An organization that specializes in the management, administration or provision of mental health or substance abuse benefits.

Capitation A prospective method for paying a health plan or provider a fixed payment for a defined range of services over a specified time period. Aspects of this managed care method include prepayment of a predetermined, agreed-upon price and incentives for providing care in a cost-effective manner to maximize revenue potential. Payments are often based on a per member per month rate.

Case Rate A "package price" for a specific procedure or diagnosis related group of procedures. For example, a physician case rate for obstetrics might include all prenatal visits, labor, delivery, and one postpartum examination. This type of payment assumes that all covered persons will receive services whereas capitated payments assume that only a certain "penetration" or number of persons access services.

Child Welfare Funding Federal monies provided to States under Titles IV-B and IV-E of the Social Security Act (42 U.S.C. §§ 620 et seq., § 670 et seq.) to help them finance child welfare programs.

Clinical Criteria Diagnosis-related criteria making an individual eligible for enrollment in a managed care program. Examples include diagnostic categories such as nursing home enrollees, children with special health care needs, developmentally disabled adults, and individuals at risk for institutionalization. Some non-Medicaid programs use this categorization, rather than income thresholds, to establish eligibility.

Community Mental Health Center (CMHC) A nonprofit mental health center that provides services to individuals (regardless of ability to pay) residing or employed in a particular service area. By Federal statute, a CMHC must include four services: outpatient care, day treatment, 24-hour emergency care, and screening for State hospital admission.

Comprehensive Care A broad spectrum of health services, including all levels of care from inpatient to outpatient settings, required to prevent, diagnose, and treat physical and mental illnesses and to maintain health.

Consumer A person who receives or purchases services and advocates for service quality and appropriateness.

Consumer-Run Services Services provided by an entity staffed and managed solely by former or current consumers of behavioral health services. Consumer-run services encompass organizations referred to as "clubhouse" programs, psychosocial rehabilitation programs, and drop-in centers. Such organizations often include vocational training, social and recreational programs, and personal support for independent living.

Co-payment A common element of insurance contracts, the co-payment, usually a fixed amount based upon the type of services, obligates the beneficiary to pay part of his or her medical bills out of pocket.

Corrections Funding (State) Monies derived from State Departments of Corrections.

County Funding Funding for public sector managed behavioral health care programs derived from a county government. Although the amount of funds contributed by counties for mental health and substance abuse is relatively low compared with other sources, counties are nonetheless an important actor in the financing of publicly funded behavioral health care.

Crisis Services A category of services involving short-term psychiatric treatment that diverts consumers in crises from more long-term hospitalization. The crisis services often are provided in structured community-based therapeutic environments. Services include emergency services, crisis intervention, and crisis stabilization.

Date of Implementation The date on which a program becomes operational.

Delivery System An organized array of service providers coordinated to deliver a set package of services.

Detoxification Hospital-based, residential, and ambulatory programs that are typically short in duration (e.g., 3 to 14 days) and provide support services or medical assistance during withdrawal from alcohol or drug dependence. Detoxification programs are not treatment programs per se but may be connected to treatment programs or provide referrals to treatment.

Dually Diagnosed (Co-occurring disorders) Persons who are diagnosed with more than one disorder. The term is usually used to refer to a combination of mental health and substance abuse problems, but it can also refer to individuals who have a behavioral health diagnosis as well as a medical diagnosis or disability.

Dually Eligible Persons who are entitled to Medicare (Part A or Part B) and are eligible for some form of Medicaid benefit. This category includes the following: Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only); QMBs with full Medicaid (QMB Plus); and Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only).

Elderly Persons over the age of 65.

Enrolled Population The entire group of persons covered by a particular health plan; defined in terms of specific lives covered.

Expanded Medicaid A State may choose to expand its Medicaid eligibility threshold to cover more people. For example, a typical income eligibility threshold might be 133 percent of the federal poverty level (FPL), but the State may choose to extend Medicaid coverage to persons with incomes up to 300 percent FPL.

Expanded Women and Children States may choose to cover additional populations under their Medicaid programs, usually children and pregnant women whose medical expenses reduce their income to the State's ceiling to qualify as medically needy. These groups include infants whose family income is up to 185 percent FPL, pregnant women with incomes up to 185 percent of the Federal Poverty Level (FPL), and children under age 21 who meet certain income and resource requirements under Temporary Aid to Needy Families (TANF) but who are otherwise not eligible for Medicaid.

Federal Poverty Level (FPL) The United States Census Bureau defines poverty by using a set of money income thresholds that vary by family size and composition. Poverty thresholds do not vary geographically, but they are updated annually for inflation using the Consumer Price Index (CPI-U). The official poverty definition counts money income before taxes and does not include capital gains and non-cash benefits (such as public housing, Medicaid, and food stamps). The 1997 Federal poverty guideline (per the 1996 Census Bureau) was \$13,330 for a family of three in 48 States and the District of Columbia. In Alaska and Hawaii, the 1997 Federal poverty guidelines were \$16,670 and \$15,330, respectively.

Fee-for-Service Reimbursement A payment approach that pays providers or contractors for each unit of service delivered.

Fixed Fee A set fee based on estimated cost of services provided. The fee remains the same regardless of whether actual costs are above or below the estimated cost of the service.

Foster Care Children A Medicaid eligibility category that includes children who receive Federal foster care or adoption assistance under Title IV-E of the Social Security Act (foster care maintenance, adoption assistance, independent living); children who receive State adoption assistance; children who, without medical assistance, could not be adopted (as determined by the State); and children involved with child welfare services who qualify on the basis of poverty or disability.

Full Carve-Out Model A model of care in which a State contracts with a specialty organization to provide mental health and substance abuse services separately from the physical health care program.

Full Service Contract An arrangement under which a State contracts with an independent organization to provide both administrative and clinical services for managed care programs. The contract places the contractor at financial risk.

General Assistance A population category including those receiving general assistance funding. According to the Urban Institute, general assistance provides income support through cash or in-kind benefits to meet the short-term or ongoing needs of persons ineligible for federal cash assistance, such as Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF). The specific characteristics of these programs vary considerably across States. Although all general assistance programs target those not eligible for or receiving SSI or TANF, most serve only selected populations.

Global Budget A payment method whereby a fixed budget is determined for an entire health sector, a region, or a particular institution such as a hospital. Under these terms, managed care organizations and providers do not receive any additional funding if costs exceed budgeted payments. Global budgets can incorporate floating fee schedules, mechanisms for balancing the need to stay within a fixed overall budget and the MCO's or provider's desire to be paid on a fee-for-service basis.

Health Maintenance Organization (HMO) HMOs are the most common service delivery model used in Medicaid managed care. An HMO is a health care delivery system that offers plan enrollees comprehensive coverage for hospital and physician services for a fixed, prepaid fee. HMOs contract with or directly employ participating health care providers – physicians, hospitals and other health professionals. HMO members are required to choose from among these providers for all health care services. The four common HMO models are staff, group, network and independent practice associations (IPA). The distinction among the models generally pertains to an HMO's relationship to its participating providers. Staff-model HMOs directly employ physicians; group-model HMOs contract with two or more independent physician practices; network-model HMOs contract with one or more independent group practices. IPAs are composed mainly of solo and specialty practices that deliver care to HMO members as well as to nonmembers.

Institution for Mental Diseases (IMD) Services Any services, including psychiatric, health, therapeutic (psychosocial, rehabilitation, etc.), pharmaceutical, and administrative, offered in an institution for mental diseases (IMD). An IMD is any facility with 16 or more beds that is devoted to the delivery of psychiatric services.

Integrated Model A managed care program in which mental health and substance abuse services are incorporated into a physical health benefits program.

Local Mental Health Authority Local organizational entity that centrally maintains administrative, clinical, and fiscal authority for a specific geographical area and organized system of mental health services.

Managed Care Organization (MCO) A firm managing the health care of its members through a system organized to create a balance between use of health care resources, control of health costs, and enhancement of the quality of care. Aiming to provide care in the most cost-effective manner, each managed care system closely monitors the intensity and duration of treatment as well as the settings in which it is provided.

Managed Fee-for-Service Product A plan that applies managed care techniques, but uses the traditional fee-for-service payment system. Under the plan, various managed care tools such as precertification, second surgical opinion, and utilization review are used to control inappropriate utilization.

Mandatory Enrollment A requirement under State Medicaid programs stipulating all recipients or certain categories of recipients must enroll in a managed care program. States typically request and receive a waiver from the Health Care Financing Administration to initiate such a requirement.

Medicaid The publicly financed entitlement program providing health and long-term care coverage for millions of low-income or categorically eligible persons including adults in families with children, children, disabled individuals, and elderly persons. The program, authorized by Title XIX of the Social Security Act, is financed jointly by State and Federal revenues and administered individually by participating State and territorial governments. Subject to broad Federal guidelines, States determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

Medicaid Population Persons receiving care from a Medicaid program. Categorical populations include Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), medically needy, and expanded women and children.

Medicaid Waiver A liberalization of certain requirements under Federal Medicaid law (Title XIX of the Social Security Act). States typically obtain permission from the Health Care Financing Administration in order to waive these mandates and implement managed care. Medicaid Managed Care Projects are approved with waivers such as the Section 1115 Waiver and Section 1915(b) Waiver. See definition of each specific waiver.

Medical Necessity The determination that the services provided are 1) calculated to prevent, diagnose, correct, cure, alleviate, or preclude deterioration of a condition that threatens life, causes pain or suffering, or results in illness or infirmity; 2) individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the patient's needs; 3) necessary and consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational; 4) reflective of the level of service that can be safely provided, and for which no equally effective and more conservative or less costly treatment is available; and 5) provided in a manner not primarily intended for the convenience of the recipient's caretaker, or the provider. The definition varies from State to State.

Medically Needy Persons who do not meet the Medicaid income or resource requirements for categorically eligible groups but have excessive Medicaid bills. Individuals may "spend down" their resources on medical expenses to qualify for Medicaid.

Mental Health Block Grant (Federal Community Mental Health Services Block Grant) Federal mental health block grants, administered by the Center for Mental Health Services of Substance Abuse and Mental Health Services Administration (SAMHSA), that are used to plan and fund the nation's community-based mental health care providers.

Mental Health Inpatient Care Inpatient care providing 24-hour medical intervention for the purpose of stabilizing and treating acute psychiatric conditions.

Mental Health Outpatient Services Individual therapy, family therapy, or group therapy provided in an ambulatory care setting such as a mental health clinic, hospital outpatient department, or community health center.

Mental Health Rehabilitation Services to provide the social and environmental supports they need to perform as successfully and independently as possible at home, in the family, at school, at work, and in other community roles and environments of their choice.

Mental Health Residential Care Treatment received at a community-based facility that offers 24-hour residential care, short-term crisis stabilization or long-term rehabilitation. This type of care is considered a step down from inpatient care. One example is therapeutic group living, which provides therapeutically planned group living delivered on a 24-hour basis for enrollees.

Mental Health Support Services to promote the ability of consumers to live as safely and independently as possible in community settings. Includes provisions to link consumers to an array of people, places, activities, and services designed to assist consumers. If the enrollee requests, family members or significant others may be included.

Non-Waiver Program A program that does not require a Medicaid waiver for operation, usually a voluntary managed care program administered by either Medicaid or mental health/substance abuse authorities.

Opiate/Methadone Treatment Outpatient treatment programs licensed by the Food and Drug Administration and the Drug Enforcement Agency to administer either methadone or levo-alpha-acetyl methadol (LAAM is a longer acting version of methadone used in the treatment of opiate addiction) as pharmacotherapy adjuncts to traditional rehabilitation services for opiate dependence. Opiate treatment programs typically provide services lasting from several weeks to many years.

Organized Systems of Care General term referring to a coordinated network of provider organizations usually covering the continuum of care from inpatient to outpatient services.

Outcomes Specific signs and symptoms of mental disorder; functional deficits resulting from mental disorder; or broader criteria, such as health status or quality of life. Outcome assessment systems typically have two components: a set of outcome assessment variables and a series of implementation mechanisms, including methods for sampling and data collection, analyzing and monitoring data, and providing feedback to stakeholders. Under managed care, outcome assessment is integrated into performance evaluation.

Partial Capitation A payment system in which some services included in the benefit package are funded according to a capitated contracting arrangement and some are funded through a fee-for-service or other traditional form of reimbursement.

Partial Carve-Out Model An approach under which States integrate some mental health and/or substance abuse services into a physical health benefits program, but place other (and often expanded) behavioral health services or populations under a separate managed care program.

Pending Waiver Program A State program that has applied for but not yet received approval from the Health Care Financing Administration.

Performance Goals The desired level of achievement in describing care or service. These may be expressed as desired minimum performance levels (thresholds), industry best performance (benchmarks), or the permitted variance from the standard. Performance goals usually are not static but change as performance improves or the standard of care is refined.

Performance Measures Quantifiable variables, methods, or instruments to evaluate or monitor the extent to which the actions of a health care practitioner or provider conform to practice guidelines, medical review criteria, or standards of quality.

Pharmacy Benefit A benefit providing plan enrollees with coverage for prescription medications (drugs approved by the Food and Drug Administration that can, under Federal and State law, be dispensed only pursuant to a prescription order from a duly licensed prescriber, usually a physician).

Preferred Provider Organization (PPO) A variety of direct contractual relationships in which providers negotiate with group purchasers to provide health services for a defined population. These arrangements typically share three characteristics: (1) a negotiated system of payment for services that may include discounts from usual charges or ceilings imposed on a charge, per diem, or per discharge basis; (2) financial incentives for individual subscribers (insured persons) to use contracting providers, usually in the form of reduced co-payments and deductibles, broader coverage of services, or simplified claims processing; and (3) an extensive utilization review program.

Prepaid Health Plan (PHP) A contract between an insurer and a subscriber or group of subscribers whereby the PHP provides a specific set of health benefits in return for a periodic premium. PHPs are usually clinics or large group practices and are typically at risk for ambulatory services, but not for a comprehensive set of benefits.

Primary Care Case Management (PCCM) A managed care option in which each participant is assigned to a single primary care provider who must authorize services before the provider can be reimbursed by Medicaid. Providers receive both a per capita management fee to coordinate the patient's care and reimbursement for the medical services they provide.

Primary Care Physician (PCP) The physician responsible for coordinating and managing a member's health care needs, including hospitalization or referral to a specialist.

Primary Contractor (in Managed Care) An institution, agency, organization, or individual practitioner contracting directly with the State to provide medical products or services.

Private Contractor (in Managed Care) Commercial organization or individual practitioner contracting directly with the State (primary contractor) or with another contractor (secondary contractor) to provide medical products or services. Private contractors can be for-profit or non-profit entities. These contractors are usually health maintenance organizations or behavioral health managed care organizations.

Privatization The effort to shift functions formerly carried out by government agencies to private sector organizations, usually under the rubric of managed care.

Provider Any individual or group of individuals (such as physicians, hospitals, group practices, nurses, nursing homes, or pharmacies) that provides a health care service.

Public Contractor (in Managed Care) A public institution, agency, organization, or individual practitioner contracting directly with the State (primary contractor) or with another contractor (secondary contractor) to provide medical products or services. Public contractors are part of a government body or an organization that traditionally provides services to low-income persons. These agencies are usually county or local government agencies, community mental health centers, or community mental health boards.

Public Provider Local community-based providers that traditionally render services to a low-income population(s).

Public-Private Partnership A joint venture between public and private organizations that attempts to combine private sector expertise in managed care techniques with public sector expertise in models of care, especially for seriously impaired or low-income populations.

Purchasing Agency An organization that serves as a clinical and fiscal authority to provide payment for services.

Quality Assessment Monitoring the appropriateness and adequacy of care provided by physicians, medical institutions, or any health care vendor to ensure that individuals receive the best care possible. Treatment is measured against pre-established standards, some of which are mandated by Federal and State law.

Quality Assurance A systematic and objective approach to improving the quality and appropriateness of medical care, administration, and support services. Includes an organized set of activities designed to demonstrate that patient care and services are the best possible within available resources and consistent with achievable goals. Quality assurance involves the ongoing assessment of patient care, the correction of identified problems, and follow up activities to verify that corrected problems have not recurred.

Risk The potential difference between projected and actual expenses. Risk strategies are approaches taken to decide who will assume responsibility for paying for, or otherwise provide a specified set of services based upon unpredictable need for those services. Risk strategies require managed care organizations or providers to assume at least some portion of the financial risks of treatment.

Risk Pooling The process of combining all claims or cost experience for defined populations or types of coverage into one risk pool in order to spread risk or claims liability.

Risk Sharing The process of establishing a financial arrangement that distributes the financial risk of providing care among providers, payers, and those who use the services.

Risk Shift The transfer of risk for the costs of services from a primary to a secondary contractor.

Secondary Contractor An institution, agency, organization, or individual practitioner contracting with a primary contractor to provide medical products or services; the secondary contractor does not hold a direct contract with the State.

Section 1115 Research and Demonstration Waiver Section 1115 of the Social Security Act grants the Secretary of Health and Human Services broad authority to waive certain laws relating to Medicaid for the purpose of conducting pilot, experimental, or demonstration projects. Section 1115 waivers permit States to change provisions of their Medicaid programs, including eligibility requirements, the scope of services available, the freedom to choose a provider, a provider's choice to participate in a plan, the method of reimbursing providers, and the statewide application of the program. The waiver allows a State to operate its system of care for Medicaid enrollees in a manner different from the State's Medicaid plan in an attempt to demonstrate the efficacy and cost-effectiveness of the alternative delivery system.

Section 1915(b) Waiver Before the passage of the Balanced Budget Act (BBA) of 1997, Section 1915(b) waivers permitted States to require specific Medicaid population categories to enroll in managed care plans in an effort to control costs. Through this waiver, States could waive comparability, statewideness, and freedom of choice. Under the BBA, States can enroll recipients into managed care without applying for 1915(b) waivers. States that forego waiver approval must institute a range of consumer protections. Furthermore, States require a waiver to enroll the following groups in managed care: children with special needs (who meet the definition of disability under the Supplemental Security Income (SSI) program and children in foster care or other out-of-home placements), persons who are eligible for both Medicaid and Medicare, and Native Americans.

Seriously Mentally Ill (SMI) According to the Community Mental Health Services (CMHS) Block Grant, "Adults with a serious mental illness are defined pursuant to Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321, as follows: 'Adults with a serious mental illness are persons age 18 and over who, currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R [now DSM-IV] and that has resulted in functional impairment which substantially interferes with or limits one or more major life activities.'"

Service Area The services provided in a geographic area by a managed care plan.

Severe Emotional Disturbance (SED) According to the Community Mental Health Services (CMHS) Block Grant, "Children with a serious emotional disturbance are defined pursuant to Section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321, as follows: 'Children with a serious emotional disturbance are persons from birth up to age 18 who, currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R [now DSM-IV] and that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.'"

Sixth Omnibus Budget Reconciliation Act (SOBRA) A Medicaid eligibility category allowing States to expand coverage up to the Federal poverty guideline for pregnant women and children younger than age five years old.

Stakeholders Groups of persons with a vested interest in the design and functioning of a service or product. For example, in public behavioral health care, stakeholders include consumers, family members of consumers, service providers, legislators, State mental health and substance abuse agencies, and managed care organizations.

Stand-Alone (Behavioral Health) Program A managed mental health or substance abuse program that is completely independent of any other program; these programs specialize in behavioral health care and are not carved out of a physical health program.

State Alcohol and Other Drug Authority (or State Substance Abuse Authority) A State government agency responsible for the allocation and utilization of Federal and State monies specifically targeted for substance abuse treatment and prevention services. State Alcohol and Other Drug Authorities receive about one-third of their funding from the Substance Abuse Prevention and Treatment Block Grant.

State Funding (Non-Medicaid) State funds that are not pooled with Federal Medicaid funds. State funds are commonly used to finance portions of social services programs. Examples of State funding include general revenues and tobacco taxes.

State Mental Health Authority A State government agency responsible for providing mental health services to low-income individuals. These agencies operate State hospitals for inpatient care and contract with counties or community mental health centers to operate their community-based programs.

Stop-Loss (Risk Control Insurance) Insuring with a third party against a risk. For example, a health plan can self-insure hospitalization costs, or it can put one or more insurance carriers at risk for hospitalization costs.

Subcapitation An arrangement whereby a capitated health plan pays its contracted providers on a capitated basis.

Subcontract The act of delegating contractual obligations between two original parties through a second contract with a third party.

Substance Abuse Outpatient Services Nonresidential ambulatory services provided for the treatment of drug or alcohol dependence, without the use of pharmacotherapies. Such treatment includes intensive outpatient services (all-day care for several days) as well as traditional counseling (one or a few hours per day, usually weekly or biweekly).

Substance Abuse Prevention and Treatment (SAPT) Block Grant A block grant constituting the primary vehicle used by the Federal government to pay for substance abuse prevention and treatment services in community-based programs. The Center for Substance Abuse Treatment administers the SAPT block grant and awards it to States based on their demonstration plans and on a complex funding formula.

Substance Abuse Residential Treatment Non-hospital-based 24-hour care programs, ranging from short-term chemical dependency programs (lasting typically less than a month), to longer term residential settings (lasting typically 3 to 6 months), to long term residential programs, including therapeutic communities (lasting typically between 6 and 18 months). These programs also include specialty residential treatment settings for women and their children.

Substate Implementation Operational programs in which the geographic scope of services does not encompass the entire State.

Supplemental Security Income (SSI) A Federal cash assistance program for low-income aged, blind, and disabled persons (ABD) established by Title XVI of the Social Security Act. Children and adults under age 65 may qualify for SSI by virtue of physical disability, blindness, mental illness, mental retardation, or developmental disability. Recent Congressional action has excluded substance abuse from the SSI criteria. States may use SSI income levels to establish categorical Medicaid eligibility.

Temporary Assistance for Needy Families (TANF) A State-based Federal cash assistance program for low-income families replacing Aid to Families with Dependent Children (AFDC). Categorical eligibility for Medicaid still relies on previous AFDC eligibility established before the welfare reform legislation that created TANF. Eligibility criteria are based on a percentage of the Federal poverty level that varies by State. Specific populations covered under TANF include children, pregnant women, and low-income families.

Title IV-E Funding A Federal financial participation (FFP) program offering assistance on behalf of eligible children who need care away from their families (foster care) and who are in the placement and care of the State agency administering the program.

Transportation Service An optional Medicaid service involving transportation of eligible patients to health care facilities. States provide this service to ensure that enrollees can access the health care they need at various facilities located throughout the geographic area served.

Underinsured The segment of the U.S. population with health insurance that may be inadequate in the event of serious illness. Often defined as a person with out-of-pocket health care expenditures exceeding 10 percent of income.

Unified Funding Stream An arrangement in which multiple funding sources flow to a service provider in a single, unified stream consolidated by the payer.

Uninsured Persons who lack health care coverage. Common forms of health care coverage include plans sponsored by an employer, union, or the military, public assistance programs such as Medicare and Medicaid, and privately purchased health insurance.

Utilization The extent to which eligible persons receive a program's service or group of services over a specified period of time.

Utilization Management A process of integrating utilization review, risk management, and quality assurance into management in a cooperative effort with other parties, including patients, providers, and payers. Utilization management aims to ensure high-quality care and the judicious use of resources.

Utilization Review (UR) A prospective, concurrent, or retrospective review of the patterns of service usage. Utilization review typically consists of evaluating treatment using objective medical criteria to ensure that the services are medically reasonable, necessary, and provided in the most appropriate setting.

Voluntary Enrollment A term denoting that enrollment in a public sector managed care plan is optional. Unlike typical Medicaid waiver programs, voluntary State programs do not require that all recipients or certain categories of recipients enroll in a managed care program.

Wraparound Coverage Ancillary social and rehabilitative support services for persons. The appropriate mix of wraparound services would be individually determined as part of the person's treatment plan. The following services are commonly regarded as wraparound services: transportation; assistance with housing; vocational and employment-related services; primary health care with screening for human immunodeficiency virus (HIV), tuberculosis, and other infectious diseases; educational support services; legal or financial counseling; domestic violence support services; nutrition education; parenting courses and training; and child/adolescent support services (including child care, after school programs, teen centers, mentoring programs, recreational programs, and cultural enhancement).

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